

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1999  
AMOUNT DUE ON OR BEFORE 09/30/99: \$450 IF DISSOLVED; MINIMUM AMOUNT DUE TO REINSTATE: \$750.

PROFIT  
CORPORATION  
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 15, 1999 8:00 am  
Secretary of State

05-15-1999 90015 017 \*\*\*150.00

DOCUMENT # V05668

(1)

1. Corporation Name

ELDERCARE EXCELLENCE, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1992

4. FEI Number

59-3100506

Applied F

Not Appl.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May B.

Trust Fund Contribution

Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

Principal Place of Business

401 ALBEE ROAD WEST  
NOKOMIS FL 34275

Mailing Address

401 ALBEE ROAD WEST  
NOKOMIS FL 34275

2. Principal Place of Business

2a. Mailing Address

429 Parklane Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

VENICE FL

Zip

Country

Zip

Country

34285

USA

9. Name and Address of Current Registered Agent

SCHILD, JOHANNES

100 E BASE AVE

VENICE FL 34285

429 Parklane Drive  
Venice FL 34285

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
D	SCHILD, SUZANNA H.	401 ALBEE RD. W.	NOKOMIS FL 34275
		429 Parklane Drive	Venice FL 34285
D	SCHILD, JOHANNES	401 ALBEE RD. W.	NOKOMIS FL 34275
		429 Parklane Drive	Venice FL 34285

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

April 28, 1999