

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000010422

**Entity Name:** ADEL CARE II, INC

**Current Principal Place of Business:**

3206 S CONWAY RD STE 5  
ORLANDO, FL 32812-7316

**Current Mailing Address:**

3206 S CONWAY RD STE 5  
ORLANDO, FL 32812-7316 US

**FEI Number:** 45-4409961

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAEZTU II, VICTOR M  
504 MOROCCO AVE  
ORLANDO, FL 32807 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** VICTOR M MAEZTU II

04/14/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            MAEZTU, JEANNETTE  
Address        504 MOROCCO AVE  
City-State-Zip: ORLANDO FL 32807

Title            VP  
Name            MAEZTU II, VICTOR M  
Address        504 MOROCCO AVE  
City-State-Zip: ORLANDO FL 32807

Title            ASSISTANT DIRECTOR  
Name            NAVARRO, ILEANA  
Address        3700 CURRY FORD RD  
                  APT J1  
City-State-Zip: ORLANDO FL 32806-2640

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** VICTOR M MAEZTU II

VP

04/14/2014

Electronic Signature of Signing Officer/Director Detail

Date