

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000010422

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

**Current Principal Place of Business:**

3206 CONWAY RD STE 5  
ORLANDO, FL 32812-7316

**Current Mailing Address:**

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

**FEI Number:** 45-4409961

**Certificate of Status Desired:** Yes

**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

01/25/2018

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            VICE PRESIDENT, FINANCIAL  
                    DIRECTOR  
Name            MAEZTU II, VICTOR M  
Address        504 MOROCCO AVE  
City-State-Zip: ORLANDO FL 32807

Title            ASST SECRETARY, ASSISTANT  
                    DIRECTOR  
Name            NAVARRO, ILEANA  
Address        523 SOUTHERN CHARM DR  
City-State-Zip: ORLANDO FL 32807-5074

*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

VICE PRESIDENT

01/25/2018

Electronic Signature of Signing Officer/Director Detail

Date