A91000002382

(Requestor's Name)						
(Address)						
(Ad	idress)					
(Cit	ty/State/Zip/Phon	e #)				
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J. BRYAN

SEP - C 2012

EXAMINER

COVER LETTER

TO:	Registration Section					
	Division of Corporations					
SUB.	JECT:	HealthExcel,				
	Name of Limited Part	nership or Limited Liab	bility Limited Partnership			
DOCUMENT NUMBER:		A9700	A97000002382			
	enclosed Statement of Change of are submitted for filing.	Registered Office a	and/or Registered Agent and			
Please	e return all correspondence conc	erning this matter to	o:			
	Contact Person					
	HealthExcel, Ltd	d	WB			
	Firm/Company		TALLARISSES AM 10: 22			
	13780 SW 26th Street,	Suite 206		-		
	Address		—————————————————————————————————————	١		
		7 <i>r</i>				
	Miami, FL 3317					
City, State and Zip Code			2	,		
mhawes@healthexcel.org						
E	E-mail address: (to be used for future ar	nual report notification	n)			
For fi	urther information concerning th	is matter, please cal	11:			
	Michael Hawes	at (786	231-6696			
	Name of Contact Person		e and Daytime Telephone Number			
Enclo	osed is a \$35.00 check made paya	able to the Florida I	Department of State.			
STRI	EET ADDRESS:	MA.	ILING ADDRESS:			
· ·		istration Section				
	ion of Corporations	Division of Corporations				
	fton Building P. O. Box 6327 Tallahassee, FL 32314					
	hassee, FL 32301	I alla	ahassee, FL 32314			
i una	1140000, 112 32301					

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1		xcel, Ltd.			
Nam	ne of Limited Partnership or Lin	nited Liability Lii	nited Partnersh	nip	
2. 10/30/1997		3.	3 A9700002382		
Date of filing/	registration in Florida		Florida document number		
4. The name of the reg Department of State:	istered agent and the registered	office address as	shown on the	records of the Florida	
	CT Corpora	tion System			
-	Na	me			
	1200 South Pir	ne Island Roa	d		
-	Add	ress			
Plantation, FL 33324				n ma	
-	City, Stat	e and Zip			
5. The name and Florio	da street address of the new reg	istered agent and/	or office:	16	
	NAN I	I, Inc.			
-	Na				
13780 SW 26th Street, Suite 206			M 10: 22		
Florida street address (P.O. Box not acceptable)			22		
	Miami	FL	33175	**************************************	
-	City, Stat				
6. Such change(s) is/ar	e effective when filed by the F	lorida Department	t of State.		
NAN II, Inc., by Kei Signature of General Pa	th Collins Acet	h Coller			
comply with the provisi		e proper and com	plete performa tered ægent.	I further agree to ance of my duties,	
				•	

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50