

2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000002382

Entity Name: HEALTHEXCEL, LTD.

Current Principal Place of Business:

20801 BISCAYNE BLVD., SUITE 456
MIAMI, FL 33180

Current Mailing Address:

20801 BISCAYNE BLVD., SUITE 456
MIAMI, FL 33180 US

FEI Number: 59-3476365

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NAN II, INC.
20801 BISCAYNE BLVD., SUITE 456
MIAMI, FL 33180 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:

Electronic Signature of Registered Agent

Date

General Partner Detail :

Document #

Name NAN II, INC.

Address 20801 BISCAYNE BLVD., SUITE 456

City-State-Zip: MIAMI FL 33180

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 a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEITH COLLINS

CEO

01/08/2014

Electronic Signature of Signing General Partner Detail

Date