

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000002382

Entity Name: HEALTHEXCEL, LTD.

**FILED**  
**Jul 19, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

13680 NW 5TH STREET  
SUITE 100  
SUNRISE, FL 33325

**New Principal Place of Business:**

12905 SW 42ND STREET  
SUITE 212  
MIAMI, FL 33175

**Current Mailing Address:**

13680 NW 5TH STREET  
SUITE 100  
SUNRISE, FL 33325

**New Mailing Address:**

12905 SW 42ND STREET  
SUITE 212  
MIAMI, FL 33175

FEI Number: 59-3476365      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

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

AMERICAN INFORMATION SERVICES, INC.  
350 E. LAS OLAS BLVD  
16TH FLOOR  
FORT LAUDERDALE, FL 33301 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 INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #: P97000093358  
Name: NAN II, INC.  
Address: 13680 NW 5TH STREET, STE. 100  
City-St-Zip: SUNRISE, FL 33325

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: NEIL NATKOW

SEC.

07/19/2006

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date