

A970000002382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

SEP - C 2012

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HealthExcel, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A97000002382

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Contact Person  
**HealthExcel, Ltd.**  
Firm/Company  
**13780 SW 26th Street, Suite 206**  
Address  
**Miami, FL 33175**  
City, State and Zip Code  
**mhawes@healthexcel.org**  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

For further information concerning this matter, please call:

Michael Hawes at ( 786 ) 231-6696  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**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. HealthExcel, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 10/30/1997 3. A97000002382  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System  
Name  
1200 South Pine Island Road  
Address  
Plantation, FL 33324  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

NAN II, Inc.  
Name  
13780 SW 26th Street, Suite 206  
Florida street address (P.O. Box not acceptable)  
Miami FL 33175  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

NAN II, Inc., by Keith Collins  
Signature of General Partner.

*Keith Collins*

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

NAN II, Inc., by Keith Collins  
Signature of Registered Agent

*Keith Collins*

**Filing Fee: \$35.00**  
**Certified Copy (optional): \$52.50**

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