Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000292282 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023 Phone : (850) 222-1092

Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN EXCELM HEALTH SOLUTIONS, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

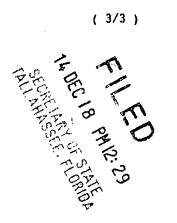
Corporate Filing Menu

Help

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|---|
| SUBJECT: ExcelM Health Solutions, Inc. | |
| Name of Corporation DOCUMENT NUMBER: F14000003417 | |
| The enclosed Affidavit by Foreign Corporation to Change/Add Officer submitted for filing. | (s) and/or Director(s) and fee arc |
| Please return all correspondence concerning this matter to the following | • • |
| Osvaldo F. Torres | |
| Name of Contact Person | FALSE TA |
| Torres Law, P.A. | DEC 18 LAHASSE |
| Firm/Company | 1AT |
| 888 Southeast Third Avenue, Suite 400 | SEE PR |
| Address | F.S. |
| Fort Lauderdale, Florida 33316 | PH 12: 29 OF STATE EE. FLORID |
| City/State and Zip Code | P |
| ozzie@torreslaw.net | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Osvaldo F. Torres "754 ,300-5 | 815 |
| Name of Contact Person Area Code & Daytime Te | lephone Number |
| Enclosed is a check made payable to the Florida Department of State for | the following amount: |
| \$43.75 Filing Fee & S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Cer | ations ater Circle |





FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

| (Note: Applicable only d | luring the first calendar year of qualification) |
|--|--|
| The name of the foreign corporation as ExcelM Health Solutions, Inc. | it appears on the records of the Florida Department of State is: |
| 2. This entity was authorized to transact to number is F14000003417 | pusiness in Florida on August 13, 2014 and its Florida document |
| 3. This corporation was formed under the | laws of Delaware |
| 4. The name and address of each officer a | and/or director is as follows: |
| <u>Title:</u> Chairman | Name and Address Arthur Ryan |
| | 888 Southeast Third Avenue, Suite 400 |
| | Fort Lauderdale, Florida 33316 |
| President | Arthur Ryan |
| | 888 Southeast Third Avenue, Suite 400 |
| | Fort Lauderdale, Florida 33316 |
| Secretary | Osvaldo F. Torres |
| | 888 Southeast Third Avenue, Suite 400 |
| | Fort Lauderdale, Florida 33316 |
| | |
| | |
| (Attach ad | ditional pages if necessary) |
| 1/40/1 | Secretary |
| Manature of an officer or director | Title of person signing |
| Osvaldo F. Torres Typed or printed name of person signing | FILING FEE \$35 |

Make checks payable to Florida Department of State and Mail to: Division of Corporations PO Box 6327 Tallahassee, FL 32314

CR2E127 (8/08)