

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000050875

**1. Entity Name
HEALTH EXCELLENCE, L.L.C.**



Principal Place of Business

**ATTN: JOHN KIRBY
2500 S.W. 75 AVE.
MIAMI, FL 33155**

**ATTN: JOHN KIRBY
2500 S.W. 75 AVE.
MIAMI, FL 33155**



01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2420020

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KIRBY, JOHN M
2500 S.W. 75 AVE.
MIAMI, FL 33155**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**U000000299801
04/11/05-80124-005 50.00**

9. MANAGING MEMBERS/MANAGERS

**TITLE NAME
MGR SYLVIA URLICH REVOCABLE TRUST
STREET ADDRESS
2500 S.W. 75TH AVE
CITY- ST- ZIP
MIAMI, FL 33155**

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CITY- ST- ZIP**

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STREET ADDRESS
CITY- ST- ZIP**

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SYLVIA URLICH

3/17/05

305 364 5252