

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2006 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**

Mailing Address

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

DO NOT WRITE IN THIS SPACE



01052006 No Chg-LLC

CRZE083 (11/05)

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, 2006**

9. **MANAGING MEMBERS/MANAGERS**

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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04/18/06-80056-006 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SYLVIA URLICH

3/10/06

Date

**305
264-5252**
Daytime Phone #