2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# L04000030354

Entity Name: EXCEL HEALTH CARE SERVICES, L.L.C.

Current Principal Place of Business:

2801 METRO DRIVE
RUSKIN, FL 33570 US

New Principal Place of Business:

602 4TH AVE. W
BUILDING III
PALMETTO, FL 34221 US

Current Mailing Address:

P.O. BOX 7302
SUN CITY, FL 33586 US

New Mailing Address:

602 4TH AVE. W.
BUILDING III
PALMETTO, FL 34221 US

FEI Number: 13-4287425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ABUNDANT BLESSING CONSULTING, INC.
1274 34TH STREET
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

CHRISTIAN-SIMMONS, CATHY A MRS.
PO BOX 7302
SUN CITY, FL 33586 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: CATHY A. CHRISTIAN-SIMMONS 05/02/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: CATHY, SIMMONS C
Address: 2801 METRO DRIVE
City-St-Zip: SUN CITY, FL 33586 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CHRISTIAN_IMMONS, CATHY A MRS.
Address: 2801 METRO DRIVE
City-St-Zip: RUSKIN, FL 33570 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CATHY A. CHRISTIAN-SIMMONS MGRM 05/02/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date