2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# L07000031587

Entity Name: EXCELL HOME HEALTH SERVICES, LLC

Current Principal Place of Business:

22110 KIMBLE AVENUE
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 494530
PORT CHARLOTTE, FL 33949

New Mailing Address:

FEI Number: 77-0677643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

NAIR, VASANTHA P PSD
22110 KIMBLE AVE
PORT CHARLOTTE
FL, FL 33952 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NAIR, P.S. V
Address: 22110 KIMBLE AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: P.S. VASANTHA NAIR MGR 06/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date