

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000031587

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

**Entity Name:** EXCELL HOME HEALTH SERVICES, LLC

**Current Principal Place of Business:**

5245 OFFICE PARK BLVD  
SUITE #101  
BRADENTON, FL 33521

**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)**

**Name and Address of Current Registered Agent:**

NAIR, VASANTHA P PST  
5245 OFFICE PARK BLVD  
SUITE 101  
BRADENTON, FL 33521 US

**Name and Address of New Registered Agent:**

NAIR, VASANTHA P  
5245 OFFICE PARK BLVD  
SUITE 101  
BRADENTON, FL 33521 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: NAIR P.S.V

01/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: NAIR, P.S. V  
Address: 5245 OFFICE PARK BLVD SUITE #101  
City-St-Zip: BRADENTON, FL 33521

I hereby 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: NAIR P.S.V

MGR

01/07/2012

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