

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000032500

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: EXCELLENCE HOME HEALTH CARE INC.

## Current Principal Place of Business:

4495-304 ROOSEVELT BLVD  
136  
JACKSONVILLE, FL 32210 US

## New Principal Place of Business:

7419 HIGH BLUFF RD N  
JACKSONVILLE, FL 32244 US

## Current Mailing Address:

P. O. BOX 441655  
JACKSONVILLE, FL 32222 US

## New Mailing Address:

FEI Number: 68-0624565      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EVANS, ANTAWANNA B  
7419 HIGH BLUFF RD N  
JACKSONVILLE, FL 32244 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete  
Name: EVANS, ANTAWANNA B  
Address: 7419 HIGH BLUFF RD N  
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: VICE ( ) Delete  
Name: ANDERSON, STACI  
Address: 1665 W 17TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: SEC ( ) Delete  
Name: MARTIN, SHERITA  
Address: 7362 HIGH BLUFF RD N  
City-St-Zip: JACKSONVILLE, FL 32244 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTAWANNA EVANS

DIR

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date