2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 23, 2010
Secretary of State

DOCUMENT# P06000032500

Entity Name: EXCELLENCE HOME HEALTH CARE INC.

Current Principal Place of Business:

7419 HIGH BLUFF RD N
JACKSONVILLE, FL 32244 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 441655
JACKSONVILLE, FL 32222 US

New Mailing Address:

7419 HIGH BLUFF RD N
JACKSONVILLE, FL 32244 US

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

OFFICERS AND DIRECTORS:

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

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

Title: SEC
Name: MORRIS, KANEKA
Address: 5084 ANDREWS ST
City-St-Zip: JACKSONVILLE, FL 32254 US

I hereby 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 all other like empowered.

SIGNATURE: ANTAWANNA EVANS PRES 09/23/2010

Electronic Signature of Signing Officer or Director Date