2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2009
Secretary of State

DOCUMENT# P06000094301

Entity Name: EXCEL HOME HEALTH CARE, INC.

Current Principal Place of Business:

29224 S.W. 142ND PL
HOMESTEAD, FL 33033

New Principal Place of Business:

7200 NW 7TH STREET
SUITE 206
MIAMI, FL 33126

Current Mailing Address:

29224 S.W. 142ND PL
HOMESTEAD, FL 33033

New Mailing Address:

7200 NW 7TH STREET
SUITE 206
MIAMI, FL 33126

FEI Number: 86-1171633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PENA, MARIA C
9154 NW 119 TR
#194
HIALEAH GARDENS, FL 33018 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PENA, MARIA C
Address: 9154 NW 119 TR #194
City-St-Zip: HIALEAH GARDENS, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARIA C. PENA P 07/31/2009

Electronic Signature of Signing Officer or Director Date