# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2009**
**Secretary of State**

DOCUMENT# P07000078601

**Entity Name:** EXCELSIOR TECHNICAL INSTITUTE,INC.FOR MEDICAL CODING AND BILLING

**Current Principal Place of Business:**

5755 DEVONSHIRE BLVD
MIAMI, FL 33155

**New Principal Place of Business:**

8000 NW 31 STREET
5
DORAL, FL 33122

**Current Mailing Address:**

5755 DEVONSHIRE BLVD
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number: 26-0506167** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

WITTER, SHERYL
5755 DEVONSHIRE BLVD
MIAMI, FL 33155 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: P ( ) Delete
Name: WITTER, SHERYL
Address: 5755 DEVONSHIRE BLVD
City-St-Zip: MIAMI, FL 33155

Title: VP ( ) Delete
Name: SHAKESPEARE, BRANDON
Address: 5755 DEVONSHIRE BLVD
City-St-Zip: MIAMI, FL 33155

Title: SECR ( ) Delete
Name: WITTER, CHERICE
Address: 5755 DEVONSHIRE BLVD
City-St-Zip: MIAMI, FL 33155

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**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:

Title: ADM ( ) Change (X) Addition
Name: HERNANDEZ, CARMEN R
Address: 10427 OLD CUTLER ROAD, APT#206
City-St-Zip: MIAMI, FL 33190 US

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: SHERYL WITTER PRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date