

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000078601

FILED
Apr 30, 2010
Secretary of State

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

Current Principal Place of Business:

8000 NW 31 STREET
5
DORAL, FL 33122

New Principal Place of Business:

Current Mailing Address:

5755 DEVONSHIRE BLVD
MIAMI, FL 33155

New Mailing Address:

8000 NW 31 STREET
5
DORAL, FL 33122

FEI Number: 26-0506167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: CEO
Name: WITTER, SHERYL
Address: 8000 NW 31 STREET #5
City-St-Zip: DORAL, FL 33122

Title: DIR
Name: SHAKESPEARE, BRANDON J
Address: 8000 NW 31 STREET #5
City-St-Zip: DORAL, FL 33122

Title: SECR
Name: WITTER, CHERICE
Address: 8000 NW 31 STREET #5
City-St-Zip: DORAL, FL 33122

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

Title: MNGR
Name: GARCIA, GLADYS
Address: 8000 NW 31 STREET #5
City-St-Zip: DORAL, FL 33122

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: SHERYL T WITTER

CEO

04/30/2010

Electronic Signature of Signing Officer or Director

Date