

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 23, 2009
Secretary of State**

DOCUMENT# P07000104087

Entity Name: NATIONAL EXCELLENCE HOME HEALTH CARE INC.

Current Principal Place of Business:

7483 SW 24TH ST
207
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7483 SW 24TH ST
207
MIAMI, FL 33155

New Mailing Address:

FEI Number: 26-2529802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, XIOMARA
2380 SW 80 CT
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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEE, XIOMARA
Address: 2380 SW 80 CT
City-St-Zip: MIAMI, FL 33155 US

Title: PD () Delete
Name: YEE, TERESA
Address: 7483 SW 24TH ST SUITE 207
City-St-Zip: MIAMI, FL 33155 US

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: VPD () Change (X) Addition
Name: AZAN, ALFREDO H
Address: 10838 NANTUCKET TERRACE
City-St-Zip: POTOMAC, MD 20854 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: XIOMARA LEE

PD

07/23/2009

Electronic Signature of Signing Officer or Director

Date