

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000069796

FILED
Feb 08, 2006
Secretary of State

Entity Name: EXCELSIOR HEALTH CLINIC, INC.

Current Principal Place of Business:

5217 W COLONIAL DR
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

5217 W COLONIAL DR
ORLANDO, FL 32808 US

New Mailing Address:

FEI Number: 59-3207000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORNE, NANCY
5217 W. COLONIAL DR.
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

HORNE, NANCY L
5217 W. COLONIAL DR.
ORLANDO, FL 32808 US

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: NANCY L. HORNE

02/08/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIEBERMAN, ROBERT
Address: 5217 W. COLONIAL DR.
City-St-Zip: ORLANDO, FL 32808

Title: STD () Delete
Name: HORNE, NANCY
Address: 5217 WEST COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: V () Delete
Name: KELLER, LINDA
Address: 1918 WILKES PLACE
City-St-Zip: ORLANDO, FL 32809

Title: VD (X) Delete
Name: ROUDE, HEIDI
Address: 5217 WEST COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HORNE, HEATHER L
Address: 5217 W. COLONIAL DR.
City-St-Zip: ORLANDO, FL 32808

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ROUDE, HEIDI L
Address: 5217 W COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY L. HORNE

STD

02/08/2006

Electronic Signature of Signing Officer or Director

Date