

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000069796

FILED
Apr 29, 2010
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:

2430 SANDLAKE ROAD
ORLANDO, FL US

Current Mailing Address:

5217 W COLONIAL DR
ORLANDO, FL 32808 US

New Mailing Address:

2430 SANDLAKE ROAD
ORLANDO, FL 32809 US

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

Name and Address of New Registered Agent:

HORNE, NANCY L
2430 SANDLAKE ROAD
ORLANDO, FL 32809 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

04/29/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: HORNE, HEATHER L
Address: 2430 SANDLAKE ROAD
City-St-Zip: ORLANDO, FL 32809

Title: STD
Name: HORNE, NANCY
Address: 2430 SANDLAKE ROAD
City-St-Zip: ORLANDO, FL 32809

Title: VP
Name: ROUDE, HEIDI L
Address: 2430 SANDLAKE ROAD
City-St-Zip: ORLANDO, FL 32809

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: NANCY L HORNE

P

04/29/2010

Electronic Signature of Signing Officer or Director

Date