

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000069796

FILED  
Apr 27, 2011  
Secretary of State

Entity Name: EXCELSIOR HEALTH CLINIC, INC.

**Current Principal Place of Business:**

2430 SANDLAKE ROAD  
ORLANDO, FL US

**New Principal Place of Business:**

**Current Mailing Address:**

2430 SANDLAKE ROAD  
ORLANDO, FL 32809 US

**New Mailing Address:**

2430 SANDLAKE ROAD  
ORLANDO, FL 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  
2430 SANDLAKE ROAD  
ORLANDO, FL 32809 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: 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: STD

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

NLH

04/27/2011

\_\_\_\_\_  
Date