

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000069796

FILED
Apr 30, 2012
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:

2430 SANDLAKE ROAD
ORLANDO, FL 32809 US

Current Mailing Address:

2430 SANDLAKE ROAD
ORLANDO, FL 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
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: NANCY HORNE

ST

04/30/2012

Electronic Signature of Signing Officer or Director

Date