

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000063645**

1. Entity Name  
**EXCEL HEALTHCARE RECEIVABLE MANAGEMENT &  
CONSULTING CORP.**



Principal Place of Business

**1840 WEST 49TH STREET  
SUITE #225  
HIALEAH, FL 33012**

Mailing Address

**15476 N.W. 77 CT.  
SUITE #442  
HIALEAH, FL 33012**

**DO NOT WRITE IN THIS SPACE**



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number

**65-0681985**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00.**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	MARTINEZ, DAISY
STREET ADDRESS	8801 NW 174 TERRACE
CITY-ST-ZIP	MIAMI, FL 33018
TITLE	V
NAME	PEREZ, MILAGROS C
STREET ADDRESS	8801 NW 174 TERRACE
CITY-ST-ZIP	MIAMI, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000848973  
03/21/08-80001-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-2-2008**

Date

**(305) 821-4137**

Daytime Phone #