

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000063645

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

15476 N.W. 77 CT.  
SUITE #442  
MIAMI LAKES, FL 33012

**New Mailing Address:**

**FEI Number:** 65-0681985      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134      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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: MARTINEZ, DAISY  
Address: 8801 NW 174 TERRACE  
City-St-Zip: MIAMI, FL 33018

Title: VP  
Name: PEREZ, MILAGROS C  
Address: 8801 NW 174 TERRACE  
City-St-Zip: MIAMI, FL 33018

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: DAISY MARTINEZ

PRES

02/18/2010

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

\_\_\_\_\_  
Date