

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000052485 (4)**

1. Corporation Name  
**EXCELLENCE IN HEALTHCARE, INC.**

Principal Place of Business

**210 S.E. MIZNER BLVE  
SUITE 106  
BOCA RATON FL 33432**

Mailing Address

**210 S.E. MIZNER BLVE  
SUITE 106  
BOCA RATON FL 33432**

**FILED**  
**Aug 12 1998 8:00am**  
**Secretary of State**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/12/1997**

4. FEI Number

**65-0763115**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No **N/A**

9. Name and Address of Current Registered Agent

**LYNCH, MICHAEL  
210 S.E. MIZNER BLVE  
SUITE 106  
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                |                                                                              |
|--------------------|--------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE (P)      | <b>PRESIDENT</b>               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>MICHAEL F. LYNCH</b>        |                                                                              |
| 1.3 STREET ADDRESS | <b>210 SE MIZNER BLVD #106</b> |                                                                              |
| 1.4 CITY-ST-ZIP    | <b>BOCA RATON, FL 33432</b>    |                                                                              |
| 2.1 TITLE (S)      | <b>SECRETARY</b>               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>ABBAS ARBEY, M.D.</b>       |                                                                              |
| 2.3 STREET ADDRESS | <b>23 N. MADISON STREET</b>    |                                                                              |
| 2.4 CITY-ST-ZIP    | <b>QUINCY, FL 32351</b>        |                                                                              |
| 3.1 TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                |                                                                              |
| 3.3 STREET ADDRESS |                                |                                                                              |
| 3.4 CITY-ST-ZIP    |                                |                                                                              |
| 4.1 TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                |                                                                              |
| 4.3 STREET ADDRESS |                                |                                                                              |
| 4.4 CITY-ST-ZIP    |                                |                                                                              |
| 5.1 TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                |                                                                              |
| 5.3 STREET ADDRESS |                                |                                                                              |
| 5.4 CITY-ST-ZIP    |                                |                                                                              |
| 6.1 TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                |                                                                              |
| 6.3 STREET ADDRESS |                                |                                                                              |
| 6.4 CITY-ST-ZIP    |                                |                                                                              |

**000002616730**  
**-08/14/98--01005--017**  
**\*\*\*150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (5/98)

Michael F. Lynch  
210 SE Mizner Boulevard, #106  
Boca Raton FL 33432  
Telephone 561-338-2429  
Fax 561-750-9471

*pg 2*

July 23, 1998

Division of Corporations  
Annual Report Filings  
PO Box 1500  
Tallahassee FL 32302-1500

RE: Excellence in Healthcare, Inc.

As per my telephone conversation with your office, I did not receive the original 1998 Profit Corporation Annual Report Packet for Excellence in Healthcare, Inc. I contacted your office concerning this and another copy was recently forwarded to me. That completed report is enclosed with this correspondence along with my check for the filing fee.

Due to the fact that the original report was not received and, that this is the first year this corporation is filing a report, I kindly request that the late fee be waived.

Thank you for your assistance with this matter.

Respectfully yours,

*Michael F. Lynch*

Michael F. Lynch