

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000020206

Entity Name: EXCEL ELDER CARE, INC.

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

2150 NW 135 ST  
MIAMI, FL 331671458 US

## New Principal Place of Business:

## Current Mailing Address:

2190 N.W. 135 STREET  
MIAMI, FL 33167 US

## New Mailing Address:

2190 N.W. 135 STREET  
MIAMI, FL 331671458 US

FEI Number: 65-0831332

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NICHSON, DORETHA G  
2190 N.W. 135 STREET  
MIAMI, FL 33167 US

## Name and Address of New Registered Agent:

NICHSON, DORETHA G  
2190 N.W. 135 STREET  
MIAMI, FL 331671458 US

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: DORETHA G NICHSON

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: NICHSON, DORETHA G  
Address: 2190 N.W. 135 STREET  
City-St-Zip: MIAMI, FL 33167 US

Title: D ( ) Delete  
Name: HARRISON, LOYD C  
Address: 1941 RUTLAND STREET  
City-St-Zip: OPA-LOCKA, FL 33054

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP/D (X) Change ( ) Addition  
Name: HARRISON, LOYD C  
Address: 1941 RUTLAND STREET  
City-St-Zip: OPA-LOCKA, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DORETHA G NICHSON

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date