

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064147

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** EXCEL HEALTHCARE CONSTRUCTION SERVICES, INC.

**Current Principal Place of Business:**

3080 CAT TAIL LANE  
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

2992 DAY ROAD  
DELTONA, FL 32738

**New Mailing Address:**

**FEI Number:** 59-3613535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, STEVEN P  
3080 CAT TAIL LANE  
DEBARY, FL 32713

**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: P ( ) Delete  
Name: ANDERSON, STEVEN P  
Address: 3080 CAT TAIL LANE  
City-St-Zip: DEBARY, FL 32713

Title: VP ( ) Delete  
Name: ANDERSON, ROBERT  
Address: 225 TYSON CIRCLE  
City-St-Zip: ROSWELL, GA 30076

Title: S ( ) Delete  
Name: ANDERSON, CAROLYN  
Address: 3080 CAT TAIL LANE  
City-St-Zip: DEBARY, FL 32713

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEVEN P ANDERSON

PRES

04/30/2004

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

\_\_\_\_\_  
Date