

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000069751

**Entity Name:** EXCELLA BENEFITS, INC.

**Current Principal Place of Business:**

1000 SOUTH PINE ISLAND RD.  
SUITE 901  
PLANTATION, FL 33324

**Current Mailing Address:**

1000 SOUTH PINE ISLAND RD.  
SUITE 901  
PLANTATION, FL 33324 US

**FEI Number:** 81-3858625

**Certificate of Status Desired:** No

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

THE LAW OFFICES OF ALBERT J. LAZO, P.A.  
201 ALHAMBRA CIR  
STE 701  
CORAL GABLES, FL 33134 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:** DIANE SUGIMOTO

01/09/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, D, T  
Name DE LA MORA, ARTURO  
Address 1000 SOUTH PINE ISLAND RD.  
SUITE 901  
City-State-Zip: PLANTATION FL 33324

Title VD  
Name HALL, VANESSA  
Address 303 N RAINBOW DR  
City-State-Zip: HOLLYWOOD FL 33021

Title D  
Name ANDERSON, STEVEN  
Address 3531 SW 15 ST  
City-State-Zip: FT LAUDERDALE FL 33312

Title S, D  
Name CARROLL, AMY  
Address 1000 SOUTH PINE ISLAND RD.  
SUITE 901  
City-State-Zip: PLANTATION FL 33324

Title D  
Name SALMON VALDES, RICARDO  
Address 1000 SOUTH PINE ISLAND RD.  
SUITE 901  
City-State-Zip: PLANTATION FL 33324

*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:** ARTURO DE LA MORA

P

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date