

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085233

FILED
Feb 16, 2009
Secretary of State

Entity Name: EXCEL MEDICAL TECHNOLOGIES, LLC

Current Principal Place of Business:

6376 NW 97TH AVE
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

6376 NW 97TH AVE
MIAMI, FL 33178

New Mailing Address:

FEI Number: 20-1921877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRAT, ROSA ESQ
6376 NW 97TH AVE
MIAMI, FL 33178 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FUSILLO, MARGARITA MGR
Address: 11277 NW 46 LN
City-St-Zip: MIAMI, FL 33178

Title: MGRM () Delete
Name: PRAT, ROSA MGR
Address: 555 NE 15 ST #25H
City-St-Zip: MIAMI, FL 33132

Title: MGRM () Delete
Name: DUQUE, EDGAR IVAN MGR
Address: 5193 NW 108 PATH
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES:

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 exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROSA PRAT

MGRM

02/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date