

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000085233

**FILED**  
**Jun 29, 2010**  
**Secretary of State**

**Entity Name:** EXCEL MEDICAL TECHNOLOGIES, LLC

**Current Principal Place of Business:**

9401 NW 106 ST, #106  
MIAMI, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

9401 NW 106 ST, #106  
MIAMI, FL 33178

**New Mailing Address:**

**FEI Number:** 20-1921877

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRAT, ROSA  
9401 NW 106 ST, #106  
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  
**Name:** FUSILLO, MARGARITA MGR  
**Address:** 11277 NW 46 LN  
**City-St-Zip:** MIAMI, FL 33178

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

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

I hereby 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

MGR

06/29/2010

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