

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
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**95 MAY 30 AM 11:39**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathiam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F94000040548**  
1. Corporation Name  
**EXCELLWT MEDICAL EQUIPMENT INC**

Principal Place of Business: **4301 PALM AVE SUITE E. HIAWATH, FL 33012**  
Mailing Address: **4301 PALM AVE SUITE E. HIAWATH, FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **5/94** 3a. Date of Last Report: **-**

4. FEI Number: **65-0493961** Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under s. 199 U.S. Florida Statutes:  Yes  No

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. # etc.	27. Suite, Apt. # etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Quantity	30. Quantity

8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MARCELO ROBERTO F. 9031 NW 150 TER. MIAMI LAKES, FL 33016</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	85. Zip Code
			<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: **Roberto F. Marceles** DATE: **05/05/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	11. NAME	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. STREET ADDRESS	12. NAME	12. NAME	
13. CITY, ST, ZIP	13. STREET ADDRESS	13. STREET ADDRESS	
	14. CITY, ST, ZIP	14. CITY, ST, ZIP	
	15. CITY, ST, ZIP	15. CITY, ST, ZIP	
	16. CITY, ST, ZIP	16. CITY, ST, ZIP	
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	29. CITY, ST, ZIP	29. CITY, ST, ZIP	
	30. CITY, ST, ZIP	30. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE: **x Roberto F. Marceles** DATE: **05/05/95** FILING NUMBER: **305 X19-7088**