

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90065 018 ***150.00

DOCUMENT # P95000000454

1. Entity Name
EXCEL MEDICAL ELECTRONICS, INC.

Principal Place of Business 801 MAPLEWOOD DR #26 JUPITER FL 33458 US	Mailing Address 801 MAPLEWOOD DR #26 JUPITER FL 33458 US
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00019933



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0564061	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**JOHN P. HOFFMAN
 801 MAPLEWOOD DR
 STE 26
 JUPITER FL 33458**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	JOHN P. HOFFMAN
STREET ADDRESS	5646 OLD FORT JUPITER RD
CITY-ST-ZIP	JUPITER FL
TITLE	VP <input type="checkbox"/> Delete
NAME	CRANE, RICHARD A
STREET ADDRESS	864 SUMMERWOOD DRIVE
CITY-ST-ZIP	JUPITER FL 33458
TITLE	S <input type="checkbox"/> Delete
NAME	HOFFMAN, KATHY
STREET ADDRESS	5646 OLD FORT JUPITER ROAD
CITY-ST-ZIP	JUPITER FL 33458

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: John Hoffman 3/14/01 561 743 4380
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)