

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000094760

**Entity Name:** EXCELLENT MEDICAL GROUP INC.

**Current Principal Place of Business:**

2500 SW 107 AVE  
SUITE 46-47  
MIAMI, FL 33165

**Current Mailing Address:**

480 E. 37 ST  
HIALEAH, FL 33013 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

BETANCOURT, ARLEEN A  
480 E. 37 ST  
HIALEAH, FL 33013 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name VADI, MARIA D  
Address 480 E. 37TH ST  
City-State-Zip: HIALEAH FL 33013

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:** MARIA VADI

MARIA VADI

04/10/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date