

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000019267

**Entity Name:** EXCEL MEDICAL DIAGNOSTICS 1, INC.

**Current Principal Place of Business:**

3898 W. FLAGLER  
MIAMI, FL 33134

**FILED**  
**Apr 27, 2018**  
**Secretary of State**  
**CC2152101393**

**Current Mailing Address:**

3898 W. FLAGLER  
MIAMI, FL 33134

**FEI Number: 82-0689872**

**Certificate of Status Desired: No**

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

DANIEL, ISRAEL  
3898 W. FLAGLER  
MIAMI, FL 33134 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	D/P	Title	D/VP
Name	DANIEL, ISRAEL	Name	RIVERA, ROSLAN H
Address	3898 W. FLAGLER	Address	3898 W. FLAGLER
City-State-Zip:	MIAMI FL 33134	City-State-Zip:	MIAMI FL 33134

*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: ROSLAN RIVERA**

**D/VP**

**04/27/2018**

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

\_\_\_\_\_  
Date