

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000085233

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

**Current Principal Place of Business:**

10851 NW 122 STREET  
MIAMI, FL 33178

**Current Mailing Address:**

10851 NW 122 STREET  
MIAMI, FL 33178 US

**FEI Number:** 20-1921877

**Certificate of Status Desired:** No

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

PRAT, ROSA  
10851 NW 122 STREET  
MIAMI, FL 33178 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

**Authorized Person(s) Detail :**

Title MGRM  
Name FUSILLO, MARGARITA MGR  
Address 11320 NW 58 TERRACE  
City-State-Zip: MIAMI FL 33178

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

Title MGRM  
Name DUQUE, EDGAR, IVAN MGR  
Address 2283 S.W 134 AVENUE  
City-State-Zip: MIRAMAR FL 33027

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROSA PRAT

**V-PRESIDENT**

**05/23/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date