

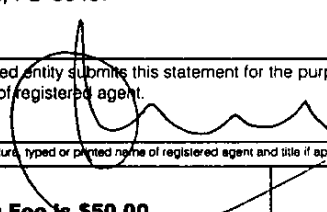
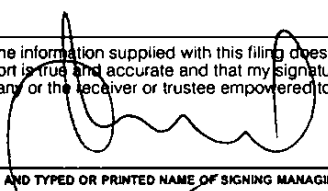


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90069 026 ****50.00

DOCUMENT # L04000014678 1. Entity Name EXCEL DIABETIC SERVICES, LLC					
Principal Place of Business 7700 CONGRESS AVENUE SUITE 2108 BOCA RATON, FL 33487			Mailing Address 7700 CONGRESS AVENUE SUITE 2108 BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box # 10800 Biscayne Blvd		3. Mailing Address 10800 Biscayne Blvd			
Suite, Apt. #, etc. 735		Suite, Apt. #, etc. 735			
City & State Miami		City & State Miami			
Zip 33161		Zip 33161			
Country USA		Country USA		04202007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 75-3147043				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent KOCHEN, MARCELO 7700 CONGRESS AVENUE SUITE 2108 BOCA RATON, FL 33487	
7. Name and Address of New Registered Agent Name KOCHEN, Marcelo Street Address (P.O. Box Number is Not Acceptable) 10800 Biscayne Blvd SUITE 735 City Miami FL Zip Code 33161				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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  MARCELO KOCHEN MGRM <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4/20/07	
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOCHEN, MARCELO 7700 CONGRESS AVENUE SUITE 2108 BOCA RATON, FL 33487 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	10800 Biscayne Blvd Suite 735 Miami FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETASNE, ROBERT 7700 CONGRESS AVENUE SUITE 2108 BOCA RATON, FL 33487 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	10800 Biscayne Blvd Suite 735 Miami FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.					
SIGNATURE:  MARCELO KOCHEN MGRM <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 4/20/07 Daytime Phone # 891-9992	