


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000085233

1. Entity Name
EXCEL MEDICAL TECHNOLOGIES, LLC



Principal Place of Business Mailing Address

6376 NW 97TH AVE **6376 NW 97TH AVE**
MIAMI, FL 33178 **MIAMI, FL 33178**

DO NOT WRITE IN THIS SPACE



04262008 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
20-1921877 Not Applicable

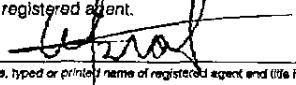
5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PIEDRA, JORGE ESQ
95 MERRICK WAY STE. 514
CORAL GABLES, FL 33134

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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:  DATE: **4-27-06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FUSILLO, MARGARITA MGR
STREET ADDRESS	11320 N.W. 58TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	MGRM
NAME	PRAT, ROSA MGR
STREET ADDRESS	11320 N.W. 58TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	MGRM
NAME	DUQUE, EDGAR IVAN MGR
STREET ADDRESS	11320 N.W. 58TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000547202
 05/12/06-80015-010 50.00

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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:  DATE: **4-27-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #