

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2007 90069 018 ****50.00

DOCUMENT # L05000012863					
1. Entity Name EXCEL DIABETIC SUPPLY, 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 Suite, Apt. #, etc. 735		3. Mailing Address 10800 Biscayne Blvd Suite, Apt. #, etc. 735			
City & State Miami FL		City & State Miami FL		04272007 Chg-LLC CR2E083 (12/06)	
Zip 33161		Country USA		4. FEI Number 41-2169036	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
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 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 <u>MARCELO KOCHEN MGRM</u> DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 4, 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: <u>MARCELO KOCHEN MGRM</u>			Date <u>4/20/07</u> Daytime Phone # <u>891-9992</u>		