

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90202 029 ***150.00

DOCUMENT # P02000087864 1. Entity Name EXCEL MEDICAL DIAGNOSTICS INC					
Principal Place of Business 2068 NE 8 STREET HOMESTEAD, FL 33030			Mailing Address 2068 NE 8 STREET HOMESTEAD, FL 33030		
2. Principal Place of Business 1235 N KROME AVE		3. Mailing Address 1235 N KROME AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HMSTD FL		City & State HMSTD FL		4. FEI Number 43-1971136	
Zip 33030		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, AMADOR 22455 SW 182 AVE. MIAMI, FL 33170			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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><i>[Signature]</i></u> pres. Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, AMADOR 22455 SW 182 AVE. MIAMI, FL 33170	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> pres. 4/24/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					