2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# P02000087864

Entity Name: EXCEL MEDICAL DIAGNOSTICS INC

Current Principal Place of Business:

1235 N KROME AVE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

1235 N KROME AVE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 43-1971136 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIAZ, AMADOR
22455 SW 182 AVE.
MIAMI, FL 33170 US

Name and Address of New Registered Agent:

DIAZ, AMADOR
11356 SW 246 TER.
HOMESTEAD, FL 33032 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: 01/07/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DIAZ, AMADOR
Address: 22455 SW 182 AVE.
City-St-Zip: MIAMI, FL 33170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DIAZ, AMADOR
Address: 11356 SW246 TER
City-St-Zip: HOMESTEAD, FL 330332

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMADOR DIAZ PRES 01/07/2009
Electronic Signature of Signing Officer or Director Date