2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000092369

EXCEL MEDICAL CORPORATION

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

Principal Place of Business

6741 SW 24 STREET, SUITE 41-42

MIAMI, FL 33155

Mailing Address

6741 SW 24 STREET, SUITE 41-42

MIAMI, FL 33155



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04282006

No Chg-P

CR2E034 (11/05)

4. FEI Number 01-0795680 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BOZA, ZAIMAR 6741 SW 24 STREET **SUITE 41-42** MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

		}				
	named entity submits this statement for the ρ ions of registered agent.	urpose of changing its registered	i office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed neme of registered agent and title to	t mosticable (NOTE: Reurstered.	Agent signature	required when reinstating)	DATE	
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				\$5.00 May Be Added to Fees	05/12/06-80045-019 150 .0 0	
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P BOZA, ZAIMAR 6741 SW 24 STREET, SUITE 41-42 MIAMI, FL 33155	·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS GITY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS GITY-ST-ZIP						
NAME STREET ADDRESS		:.				

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 it 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

20/85/14