

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000092369

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: EXCEL MEDICAL CORPORATION

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 01-0795680

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BOZA, ZAIMAR  
Address: 6741 SW 24 STREET, SUITE 41-42  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ZAIMAR BOZA

P

03/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date