

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000037373

Entity Name: AN EXCELLENT MEDICAL, INC.

FILED
Jan 28, 2005
Secretary of State

Current Principal Place of Business:

9999 SW 72ND STREET
SUITE 203
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

9999 SW 72ND STREET
SUITE 203
MIAMI, FL 33173

New Mailing Address:

FEI Number: 20-0792033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, ROBERTO
9999 SW 72ND STREET
SUITE 203
MIAMI, FL 33173 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: PD () Delete
Name: GONZALEZ, ROBERTO
Address: 11990 SW 94TH CT.
City-St-Zip: MIAMI, FL 33176

Title: VPD () Delete
Name: MARQUES, ISABEL R.N.
Address: 3051 SW 136TH CT.
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: GONZALEZ, MINSAEL M.D.
Address: 9999 SW 72ND STREET #203
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: GONZALEZ, MISAEEL M.D.
Address: 9999 SW 72ND STREET #203
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERTO GONZA.LEZ

PD

01/28/2005

Electronic Signature of Signing Officer or Director

Date