

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000062690

Entity Name: EXCELSIUS MEDICAL, INC.**Current Principal Place of Business:**8843 LARWIN LANE
ORLANDO, FL 32817**Current Mailing Address:**8843 LARWIN LANE
ORLANDO, FL 32817**FEI Number:** 27-3181716**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHOW, CHING
8343 LARWIN LANE
ORLANDO, FL 32817 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	CHOW, CHING
Address	8843 LARWIN LANE
City-State-Zip:	ORLANDO FL 32817

Title	PRES
Name	HUANG, CHENG-HAO
Address	8843 LARWIN LANE
City-State-Zip:	ORLANDO FL 32817

Title	D
Name	GER, GIANN N
Address	1ST FLOOR, NO 275-1, WO-LONG ST. DA-AN
City-State-Zip:	DIST. TAIPEI, TAIWAN 106

Title	D
Name	CAUMON, JEAN PAUL
Address	3 RUE ALAIN BOMBARD 44800 ST
City-State-Zip:	HERBLAIN

Title	D
Name	HUANG, KUANG WEI
Address	8843 LARWIN LANE
City-State-Zip:	ORLANDO FL 32817

I hereby 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 all other like empowered.

SIGNATURE: CHENG-HAO HUANG

PRESIDENT

04/21/2016

Electronic Signature of Signing Officer/Director Detail_____
Date