

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000062690

Entity Name: EXCELSIUS MEDICAL, INC.**Current Principal Place of Business:**957 N. PENNSYLVANIA AVE.
WINTER PARK, FL 32789**Current Mailing Address:**957 N. PENNSYLVANIA AVE.
WINTER PARK, FL 32789 US**FEI Number:** 27-3181716**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUANG, KUANG WEI
957 N. PENNSYLVANIA AVE.
WINTER PARK, FL 32789 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:** KUANG WEI HUANG

04/04/2019

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: KUANG WEI HUANG**OFFICER**

04/04/2019

Electronic Signature of Signing Officer/Director Detail

Date