

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026915

FILED
Mar 16, 2013
Secretary of State
CC2535647010

Entity Name: EXCELSIOR MEDICAL SERVICES, LLC

Current Principal Place of Business:

2655 SR 580, SUITE 202
CLEARWATER, FL 33761

Current Mailing Address:

2655 SR 580, SUITE 202
CLEARWATER, FL 33761

FEI Number: 45-0591366

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NIEDZWIECKI, GERALD A
2655 SR 580 STE 202
CLEARWATER, FL 33761 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

Authorized Person(s) Detail :

Title MGR
Name NIEDZWIECKI, GERALD A
Address 2655 SR 580, SUITE 202
City-State-Zip: CLEARWATER FL 33761

Title MGR
Name BILLINGS, THOMAS A
Address 2655 SR 580, SUITE 202
City-State-Zip: CLEARWATER FL 33761

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GERALD A. NIEDZWIECKI

MGR

03/16/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date