# SIGNATURE: TANIA BATISTA

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# P11000036507

Entity Name: ELITE ADULT DAY CARE CENTER INC

### **Current Principal Place of Business:**

2050 W 56 STREET BAY 29 AND 30 HIALEAH, FL 33016

#### **Current Mailing Address:**

2050 W 56 STREET BAY 29 AND 30 HIALEAH, FL 33016 US

### FEI Number: 45-1675941

### Name and Address of Current Registered Agent:

BATISTA, TANIA 2050 W 56 STREET BAY 29 AND 30 HIALEAH, FL 33016 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

Officer/Director Detail :			
Title	Р	Title	VP
Name	FIGUEREDO, OSIEL	Name	BATISTA, TANIA C
Address	2050 W 56 STREET BAY 29 AND 30	Address	2050 W 56 STREET BAY 29 AND 30
City-State-Zip:	HIALEAH FL 33016	City-State-Zip:	HIALEAH FL 33016

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

**ADMINISTRATOR** 

01/06/2017 Date

Date

FILED Jan 06, 2017 Secretary of State CC4403320526

Certificate of Status Desired: Yes