

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000161895

**Entity Name:** ELITE THERAPEUTIC CARE LLC

**Current Principal Place of Business:**

5602 SW 1ST COURT  
PLANTATION, FL 33317

**Current Mailing Address:**

5602 SW 1ST COURT  
PLANTATION, FL 33317

**FEI Number:** 84-2634913

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOUSTON, BART A  
633 S.E THIRD AVENUE  
SUITE 4R  
FT. LAUDERDALE, FL 33301 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	Title	MGR
Name	TUFANO, JOSEPH	Name	GIVENTER, MARGARET
Address	5602 SW 1ST COURT	Address	7547 NW 2ND COURT
City-State-Zip:	PLANTATION FL 33317	City-State-Zip:	PLANTATION FL 33317

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARGARET GIVENTER

MGR

03/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date