2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# L05000016768

Entity Name: ELITE THERAPY GROUP LLC

Current Principal Place of Business:

4184 W 12 AVE
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

4184 W 12 AVE
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 20-2359032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONSUEGRA, MAGALY
4184 W 12 AVE
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CONSUEGRA, MAGALY
Address: 4184 W 12 AVE
City-St-Zip: HIALEAH, FL 33012 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: CONSUEGRA, MAGALY
Address: 3148 WEST 79TH PLACE
City-St-Zip: HIALEAH, FL 33018 US

Title: VP ( ) Change (X) Addition
Name: CASTRO, INDIRA
Address: 3148 WEST 79TH PLACE
City-St-Zip: HIALEAH, FL 33018

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: MAGALY CONSUEGRA P 02/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date