2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# L06000104742

Entity Name: PITA ELITE PATIENTS, LLC

Current Principal Place of Business:

3659 SOUTH MIAMI AVE., SUITE 6008
MIAMI, FL 33133

New Principal Place of Business:

6705 RED ROAD
714
CORAL GABLES, FL 33143

Current Mailing Address:

3659 SOUTH MIAMI AVE., SUITE 6008
MIAMI, FL 33133

New Mailing Address:

6705 RED ROAD
714
CORAL GABLES, FL 33143

FEI Number: 20-5799820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PITA, JULIO C JR., MD
3659 SOUTH MIAMI AVE., SUITE 6008
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

PITA, JULIO C JR., MD
6705 RED ROAD
714
CORAL GABLES, FL 33143 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: 01/16/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PITA, JULIO C JR.
Address: 3659 SOUTH MIAMI AVE., SUITE 6008
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PITA, JULIO C JR.
Address: 6705 RED ROAD SUITE 714
City-St-Zip: CORAL GABLES, FL 33143

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: JULIO C PITA MD PRES 01/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date