2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121860

Entity Name: ELITE DIAGNOSTIC LABORATORIES, LLC

7601 E TREASURE DR. STE 1

VILLAGE BAY, FL 33141

Address: City-St-Zip: FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
4111 SW 4 DAVIE, FL	47TH AVE, STI . 33314	∃ 331		
Current M	lailing Addres	s:	New Mailing Address:	
4111 SW 4 DAVIE, FL	47TH AVE, STI . 33314	∃ 331		
FEI Number	: 26-1546645	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:	
BENITEZ, 4111 SW 4 DAVIE, FL	47TH AVE, STI	≣ 331		
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both
SIGNATU	RE:			
		ic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () BENITEZ, ANTO 13158 SW 45 D MIRAMAR, FL	DR.E, STE 331	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () REVOREDO, M 717 SW 122ND MIAMI, FL 330	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () O'FARRILL, RU 19433 NW 62 F MIAMI, FL 330	PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	LOPEZ ARTAM 17421 S.W. 48	· · · · · · · · · · · · · · · · · · ·	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGRM () BENITEZ. PED	Delete RO	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: MARIA REVOREDO MGRM 04/23/2009