

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000121860

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ELITE DIAGNOSTIC LABORATORIES, LLC

**Current Principal Place of Business:**

4111 SW 47TH AVE, STE 331  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

4111 SW 47TH AVE, STE 331  
DAVIE, FL 33314

**New Mailing Address:**

**FEI Number:** 26-1546645

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENITEZ, ANTOLIN  
4111 SW 47TH AVE, STE 331  
DAVIE, FL 33314 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  
**Name:** BENITEZ, ANTOLIN  
**Address:** 13158 SW 45 DR.E, STE 331  
**City-St-Zip:** MIRAMAR, FL 33027

**Title:** MGRM  
**Name:** REVOREDO, MARIA  
**Address:** 717 SW 122ND AVE  
**City-St-Zip:** MIAMI, FL 33025

**Title:** MGRM  
**Name:** O'FARRILL, RUBEN D  
**Address:** 19433 NW 62 PLACE  
**City-St-Zip:** MIAMI, FL 33015

**Title:** MGRM  
**Name:** LOPEZ ARTAMENDI, HAYDEE  
**Address:** 17421 S.W. 48 STREET  
**City-St-Zip:** SOUTHWEST RANCHES, FL 33331

**Title:** MGRM  
**Name:** BENITEZ, PEDRO  
**Address:** 7601 E TREASURE DR. STE 1  
**City-St-Zip:** VILLAGE BAY, FL 33141

I hereby 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:** ANTOLINBENITEZ

RA

04/30/2012

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