## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045697

Entity Name: ELITEHEALTH.MD, LLC

1601 N PALM AVENUE

City-St-Zip: PEMBROKE PINES, FL 33026

Address:

FILED Jan 23, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
4302 ALTO SUITE 300 MIAMI BEA		0		
Current Mailing Address:			New Mailing Address:	
4302 ALTO SUITE 300 MIAMI BEA		0		
FEI Number	: 26-2634252	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
7805 SW 6	CE, JODI ESQ STH CT ION, FL 33324			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both
SIGNATUI	RE:			
	Electron	nic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	SCHNUR, STE 4302 ALTON R	OAD, SUITE 300	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGRM ( KRICHMAR, PI	) Delete ERRY MD	Title: Name:	( ) Change ( ) Addition

Address:

City-St-Zip:

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: STEVEN SCHNUR MGRM 01/23/2009