

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000045697

Entity Name: ELITEHEALTH.MD, LLC

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4302 ALTON ROAD  
SUITE 300  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

4302 ALTON ROAD  
SUITE 300  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

1601 NORTH PALM AVENUE  
SUITE 207  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

1601 NORTH PALM AVENUE  
SUITE 207  
PEMBROKE PINES, FL 33026

FEI Number: 26-2634252

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAURENCE, JODI ESQ.  
7805 SW 6TH CT  
PLANTATION, FL 33324 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: SCHNUR, STEVEN A MD  
Address: 1601 NORTH PALM AVENUE, SUITE 207  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGRM  
Name: KRICHMAR, PERRY MD  
Address: 1601 NORTH PALM AVENUE, SUITE 207  
City-St-Zip: PEMBROKE PINES, FL 33026

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: STEVEN SCHNUR

MGRM

01/19/2010

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