

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000112098

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

480 NE 30 ST  
1405  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

480 NE 30 ST  
1405  
MIAMI, FL 33137

**New Mailing Address:**

**FEI Number:** 27-1361560

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLASINI, WILFREDO MD  
480 NE 30 ST.  
1405  
MAIMI, FL 33137 US

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

BLASINI, WILFREDO MD  
480 NE 30 ST.  
1405  
MIAMI, FL 33137 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: WILFREDO BLASINI, MD

01/05/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BLASINI, WILFREDO MD  
Address: 480 NE 30 ST. 1405  
City-St-Zip: MIAMI, FL 33137

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: WILFREDO BLASINI, MD

MGRM

01/05/2011

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