

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000076381

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

3143 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

3143 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

URQUIOLA, JOANN R  
708 S. DIXIE HIGHWAY  
MIAMI, FL 33146 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: FERRIN, FRANK J  
Address: 3143 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134 US

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: FRANKJ. FERRIN

MD

01/04/2012

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