

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000000482

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

**Entity Name:** ELITEHEALTH CONSULTING LLC

**Current Principal Place of Business:**

4302 ALTON ROAD  
SUITE 300  
MIAMI BEACH, FL 33140 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MARC H. AUERBACH  
200 S BISCAYNE BLVD, SUITE 3900  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 27-4450970      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

AUERBACH, MARC H  
200 S. BISCAYNE BLVD.  
SUITE 3900  
MIAMI, FL 33131 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 MD  
**Address:** 4302 ALTON ROAD, SUITE 300  
**City-St-Zip:** MIAMI BEACH, FL 33140 US

**Title:** MGRM  
**Name:** KRICHMAR, PERRY MD  
**Address:** 4302 ALTON ROAD, SUITE 300  
**City-St-Zip:** MIAMI BEACH, FL 33140 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: STEVEN SCHNUR, M.D.      MGRM      04/30/2012

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