

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000025762

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

**Entity Name:** ELITE CONCIERGE MEDICINE, LLC

**Current Principal Place of Business:**

175 FIRST STREET SOUTH  
ST. PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2011  
ST. PETERSBURG, FL 33731 US

**New Mailing Address:**

175 FIRST STREET SOUTH  
ST. PETERSBURG, FL 33701 US

**FEI Number:** 27-5305785

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GINNIE L. VAN KESTEREN, PA  
535 CENTRAL AVENUE  
SUITE 402  
ST. PETERSBURG, FL 33701 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:** SRIVASTAVA, SUNIT  
**Address:** 175 FIRST STREET S.  
**City-St-Zip:** ST. PETERSBURG, FL 33701 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:** SUNIT SRIVASTAVA

MGRM

04/30/2012

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