

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000066854

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** ELITE SURGICAL SERVICES, INC.

**Current Principal Place of Business:**

1587 FIRETHORN DR  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

1587 FIRETHORN DR  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 20-2769216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HEINEN, ALFRED  
1587 FIRETHORN DR  
WELLINGTON, FL 33414 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HEINEN, ALFRED  
Address: 1587 FIRETHORN DR  
City-St-Zip: WELLINGTON, FL 33414

Title: D  
Name: HEINEN, IVANNIA  
Address: 1587 FIRETHORN DR  
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** ALFRED HEINEN

PRES

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date