

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000098116

FILED  
May 01, 2007  
Secretary of State

Entity Name: ELITE MEDICAL ALLIANCE, INC.

**Current Principal Place of Business:**

41 N. SHORE DRIVE  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

41 NORTH SHORE DRIVE  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number: 20-3259932

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALEX A. KHOJA, CPA, PA  
13500 SW 88TH STREET  
MIAMI, FL 33133 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KESHVARI-RASTI, HAMID  
Address: 41 N. SHORE DRIVE  
City-St-Zip: MIAMI, FL 33133 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HAMID KASHVARI-RASTI

P

05/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date