

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000077870

Entity Name: ELITE HEALTH AGENCY, INC.

FILED  
May 07, 2009  
Secretary of State

## Current Principal Place of Business:

950 SOUTH PINE ISLAND ROAD  
A-150  
PLANTATION, FL 33324 US

## New Principal Place of Business:

2409 UNIVERSITY DR.  
CORAL SPRINGS, FL 33065 US

## Current Mailing Address:

950 SOUTH PINE ISLAND ROAD  
A-150  
PLANTATION, FL 33324 US

## New Mailing Address:

2409 UNIVERSITY DR.  
CORAL SPRINGS, FL 33065 US

FEI Number: 16-1762848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOUGLAS, ESTELLE  
1640 NW 93 TERRACE  
CORAL SPRINGS, FL 33071 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,D ( ) Delete  
Name: DOUGLAS, ESTELLE  
Address: 1640 NW 93 TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP ( ) Delete  
Name: ROWLEY, GREGORY  
Address: 1640 NW 93RD TERR  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP ( ) Delete  
Name: ROWLEY, ANNA  
Address: 1640 NW 93RD TERR  
City-St-Zip: CORAL SPRINGS, FL 33071

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ESTELLE DOUGLAS

P,D

05/07/2009

Electronic Signature of Signing Officer or Director

Date