

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000102335

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: ELITE HEALTH PRIMARY CARE, P.A.

## Current Principal Place of Business:

4302 ALTON ROAD  
SUITE 300  
MIAMI BEACH, FL 33140

## New Principal Place of Business:

## Current Mailing Address:

4302 ALTON ROAD  
SUITE 300  
MIAMI BEACH, FL 33140

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAURENCE, JODI  
3501 S. UNIVERSITY DRIVE  
SUITE 10  
DAVIE, FL 33328 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SCHNUR, STEVEN MD  
Address: 4302 ALTON ROAD, SUITE 300  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: KRICHMAR, PERRY MD  
Address: 1601 N PALM AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33026

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: STEVEN SCHNUR

D

01/23/2009

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

\_\_\_\_\_  
Date