

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000016274

FILED  
Feb 01, 2012  
Secretary of State

**Entity Name:** ELITE MEDICAL SERVICES CENTER INC.

**Current Principal Place of Business:**

5040 NW 7 STREET  
SUITE 490  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

5040 NW 7 STREET  
SUITE 490  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 26-4293800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RODRIGUEZ, LAZ  
5040 NW 7 STREET  
SUITE 490  
MIAMI, FL 33126 US

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

RIVAS, MARIA C  
5040 NW 7 STREET  
SUITE 490  
MIAMI, FL 33126 US

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: MARIA C RIVAS

02/01/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RIVAS, MARIA C  
Address: 5040 NW 7 STREET SUITE 490  
City-St-Zip: MIAMI, FL 33126

Title: VP  
Name: MARQUEZ, ONEL  
Address: 7324 MIAMI LAKE HWY STREET  
City-St-Zip: MIAMI LAKES, FL 33014

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: MARIA C RIVAS

P

02/01/2012

Electronic Signature of Signing Officer or Director

Date