2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000029640

FILED Apr 19, 2009 Secretary of State

Entity Name: ELITE MEDICAL, INC **Current Principal Place of Business: New Principal Place of Business:** 8435 MAN O WAR RD. PALM BEACH GARDENS, FL 33418 **Current Mailing Address: New Mailing Address:** 8435 MAN O WAR RD PALM BEACH GARDENS, FL 33418 FEI Number: 65-0648609 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TADROS, MARIA V TADROS, DAVID S 8435 MAN O WAR RD. 1700 PALM BEACH LAKES BLVD PALM BEACH GARDENS, FL 33418 US 7TH FLOOR WEST PALM BEACH, FL 33401 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: DAVID S TADROS 04/19/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition TADROS, MARIA V Name: Name: 8435 MAN O WAR RD. Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: Title: Title: () Change () Addition () Delete Name: VOVOU, FAY Name: 246 KELSEY PARK CIR Address: 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: MARIA V TADROS MGR 04/19/2009

PALM BEACH GARDENS, FL 33410

City-St-Zip: