

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000029640

**Entity Name:** ELITE MEDICAL, INC.

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8435 MAN O WAR RD.  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

8435 MAN O WAR RD.  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

**FEI Number:** 65-0648609

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TADROS, DAVID S  
1665 PALM BEACH LAKES BLVD  
900  
WEST PALM BEACH, FL 33401 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: TADROS, MARIA V  
Address: 8435 MAN O WAR RD.  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D  
Name: VOVOU, FAY  
Address: 246 KELSEY PARK CIR  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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 V TADROS

MGR

03/27/2012

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

\_\_\_\_\_  
Date