2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2011
Secretary of State

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Entity Name: ELITE HEALTHPLEX CLINIC, INC.

Current Principal Place of Business:

2230 S MCCALL RD
ENGLEWOOD, FL 34224 US

New Principal Place of Business:

14224 S. TAMIAMI TRAIL
NORTH PORT, FL 34287 US

Current Mailing Address:

P.O. BOX 1028
DUNLAP, TN 37327 US

New Mailing Address:

FEI Number: 65-0709793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ILIESCU, VIOREL P.S.D
14224 S. TAMIAMI TRAIL
NORTH PORT, FL 34287 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: PDS
Name: ILIESCU, VIOREL P.S.D
Address: PO BOX 1028
City-St-Zip: DUNLAP, TN 37327 US

Title: D
Name: CORCA, DAMIANA D
Address: PO BOX 1028
City-St-Zip: DUNLAP, TN 37327 US

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: VIOREL ILIESCU P 03/07/2011

Electronic Signature of Signing Officer or Director Date