

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended

DOCUMENT #

P99000030874

1. Entity Name

ELITE MEDICAL SERVICES, INC.

FILED

02 MAR -7 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7980 CORAL WAY

Suite, Apt. #, etc.

3. Mailing Address

7980 CORAL WAY

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

Country

33155

Zip

Country

33155

4. FEI Number

65-0909434

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

SUZETTE ARRESE

Street Address (P.O. Box Number is Not Acceptable)

7980 CORAL WAY

City

MIAMI

FL

Zip Code

33155

8. 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

SUZETTE ARRESE

03/01/02

Suzette Arrese
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ARRESE, SUZETTE
7980 CORAL WAY
MIAMI, FL 33155

D

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300005181013--0
-04/02/02--01004--005
*****70.00 *****70.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SUAREZ, ORLANDO
7980 CORAL WAY
MIAMI, FL 33155

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TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Suzette Arrese

SUZETTE ARRESE

03/01/02 (305)267-5055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)