

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000098116

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

**Current Principal Place of Business:**

20950 NE 27 CT  
305  
AVENTURA, FL 33180

**Current Mailing Address:**

P.O. BOX 347273  
MIAMI, FL 33234

**FEI Number:** 20-3259932

**Certificate of Status Desired:** No

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

KESHVARI-RASTI, HAMID  
20950 NE 27 CT  
305  
AVENTURA, FL 33180 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name KESHVARI-RASTI, HAMID  
Address 20950 NE 27 CT  
305  
City-State-Zip: AVENTURA FL 33180

*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:** HAMID KESHVARI-RASTI

**PRESIDENT**

**02/07/2017**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date