

2014 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: Yes

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

01/11/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date