

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000069686

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

**Current Principal Place of Business:**

820 SHADOW BAY WAY  
OSPREY, FL 34229

**Current Mailing Address:**

P.O. BOX 279  
VENICE, FL 34285 US

**FEI Number: 80-0949549**

**Certificate of Status Desired: No**

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

GREENBERG, STUART N  
820 SHADOW BAY WAY  
OSPREY, FL 34229 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            GREENBERG, STUART N  
Address        820 SHADOW BAY WAY  
City-State-Zip: OSPREY FL 34229

*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: STUART GREENBERG**

**PRESIDENT**

**04/13/2018**

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

\_\_\_\_\_ Date