

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000034163

**Entity Name:** ELITE LD THERAPY SERVICES INC.

**Current Principal Place of Business:**

17424 NW 63 CT  
HIALEAH, FL 33015

**Current Mailing Address:**

17424 NW 63 CT  
HIALEAH, FL 33015 US

**FEI Number:** 82-1268185

**Certificate of Status Desired:** No

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

DIAZ YANES, LISET  
17424 NW 63 CT  
HIALEAH, FL 33015 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 PD  
Name DIAZ YANES, LISET  
Address 17424 NW 63 CT  
City-State-Zip: HIALEAH FL 33015

*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:** LISET DIAZ YANES

OTR

03/13/2024

Electronic Signature of Signing Officer/Director Detail

Date