

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000112098

**Entity Name:** ELITE MEDICAL LABORATORIES, LLC

**Current Principal Place of Business:**

3250 NE 1ST AVE. SUITE 305  
MIAMI, FL 33137

**Current Mailing Address:**

480 NE 30 ST. 1405  
MIAMI, FL 33137

**FEI Number:** 27-1361560

**Certificate of Status Desired:** No

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

BLASINI, WILFREDO MD  
480 NE 30 ST.  
1405  
MIAMI, FL 33137 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

**Authorized Person(s) Detail :**

Title MGRM  
Name BLASINI, WILFREDO MD  
Address 480 NE 30 ST. 1405  
City-State-Zip: MIAMI FL 33137

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILFREDO BLASINI

MGRM

01/27/2016

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date