# 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000076381

Entity Name: ELITE MEDICAL CONCEPTS, LLC

## **Current Principal Place of Business:**

2020 PONCE DE LEON BLVD. SUITE #105 CORAL GABLES, FL 33134

# **Current Mailing Address:**

2020 PONCE DE LEON BLVD SUITE # 105 CORAL GABLES, FL 33134 US

# FEI Number: NOT APPLICABLE

## Name and Address of Current Registered Agent:

FERRIN, CHRISTOPHER 708 S. DIXIE HIGHWAY MIAMI, FL 33146 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: CHRISTOPHER FERRIN

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

 
 Title
 MGR

 Name
 FERRIN, CHRISTOPHER

 Address
 2020 PONCE DE LEON BLVD #105

City-State-Zip: CORAL GABLES FL 33134

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.

MGR

SIGNATURE: CHRISTOPHER FERRIN

Electronic Signature of Signing Authorized Person(s) Detail

FILED May 01, 2015 Secretary of State CC9948319551

Certificate of Status Desired: No

05/01/2015

Date

05/01/2015 Date