

2014 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

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

URQUIOLA, JOANN R
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED REPRESENTATIVE
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.

SIGNATURE: CHRISTOPHER FERRIN

MANAGER

01/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date