

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000140696

**Entity Name:** ELITE MEDICAL CARE LLC

**Current Principal Place of Business:**

19046 BRUCE B DOWNS BLVD  
#92  
TAMPA, FL 33647

**Current Mailing Address:**

19046 BRUCE B DOWNS BLVD  
#92  
TAMPA, FL 33647 US

**FEI Number:** 37-1658410

**Certificate of Status Desired:** No

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

JUNAID, OMAR  
19046 BRUCE B DOWNS BLVD  
#92  
TAMPA, FL 33647 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 JUNAID, OMAR  
Address 19046 BRUCE B DOWNS BLVD  
#92  
City-State-Zip: TAMPA FL 33647

*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:** OMAR JUNAID

**MANAGER**

**01/10/2017**

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

\_\_\_\_\_ Date