

2016 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

COO

07/08/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date