that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRANDE D. KEMPF

Electronic Signature of Signing Authorized Person(s) Detail

2739 BAY WATCH CT NAVARRE, FL 32566 US

FEI Number: 45-4290946

Current Mailing Address:

DOCUMENT# L1200008411

Current Principal Place of Business:

Name and Address of Current Registered Agent:

KEMPF, BRANDE D 2739 BAY WATCH CT NAVARRE, FL 32566 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

Authorized Person(s) Detail :

Title	MGRM	Title	VC
Name	KEMPF, BRANDE D	Name	MAYS, RICHARD I
Address	2739 BAY WATCH CT	Address	2739 BAY WATCH CT
City-State-Zip:	NAVARRE FL 32566	City-State-Zip:	NAVARRE FL 32566

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 608, Florida Statutes; and

MGRM

Certificate of Status Desired: No

FILED Apr 29, 2013 Secretary of State CC5028851788

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: ELITE MEDICAL & CONSULTING SERVICES, LLC

2739 BAY WATCH CT NAVARRE, FL 32566

04/29/2013 Date

Date