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. 04/03/2023

SIGNATURE: JAMES ELMER

Electronic Signature of Signing Authorized Person(s) Detail

MERRITT ISLAND. FL 32952 FEI Number: 46-4601586

Entity Name: ELITE MEDICAL BUILDING, LLC

Current Principal Place of Business:

Name and Address of Current Registered Agent:

ELMER, JAMES C 300 W. FORTENBERRY RD. MERRITT ISLAND, FL 32952 US

300 W. FORTENBERRY RD. MERRITT ISLAND. FL 32952

Current Mailing Address: 300 W. FORTENBERRY RD.

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	MGR	Title	AUTHORIZED MEMBER
Name	ELMER, JAMES C	Name	ELMER, TINA
Address	300 W. FORTENBERRY RD.	Address	300 W. FORTENBERRY RD.
City-State-Zip:	MERRITT ISLAND FL 32952	City-State-Zip:	MERRITT ISLAND FL 32952

MANAGER

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L14000012216

FILED Apr 03, 2023 Secretary of State 3281422790CC

Certificate of Status Desired: No

Date

Date