

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000068283

**Entity Name:** ELITE MEDICAL, PLLC

**Current Principal Place of Business:**

4905 WEST LAUREL STREET  
SUITE 202  
TAMPA, FL 33607

**Current Mailing Address:**

P.O.BOX 21268  
TAMPA, FL 33622 US

**FEI Number:** 47-3765288

**Certificate of Status Desired:** No

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

KEITH M. HANENIAN, P.A.  
4905 WEST LAUREL STREET  
SUITE 200  
TAMPA, FL 33607 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:** KEITH M. HANENIAN

02/08/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	PRESIDENT	Title	VP
Name	HANENIAN, KRISTEN S	Name	HANENIAN, KEITH M
Address	P.O.BOX 21268	Address	P.O.BOX 21268
City-State-Zip:	TAMPA FL 33622	City-State-Zip:	TAMPA FL 33622

*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:** KEITH M. HANENIAN

VP

02/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date