## 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 HANENIAN

Electronic Signature of Signing Authorized Person(s) Detail

VP

01/31/2023

# 2023 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

#### 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			01/31/2023
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title I	PRESIDENT	Title	VP	
Name I	HANENIAN, KRISTEN S	Name	HANENIAN, KEITH M	
Address I	P.O.BOX 21268	Address	P.O.BOX 21268	
City-State-Zip:	TAMPA FL 33622	City-State-Zip:	TAMPA FL 33622	

Certificate of Status Desired: No

## FILED Jan 31, 2023 Secretary of State 7098878904CC

Date