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

Electronic Signature of Signing Authorized Person(s) Detail

VP

03/05/2022

Date

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			03/05/2022
	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	

2022 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

Mar 05, 2022 Secretary of State 4026758039CC

FILED

Certificate of Status Desired: No