

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000170410

**Entity Name:** ELITE HEALTH GROUP LLC

**Current Principal Place of Business:**

5600 MARINER ST.  
SUITE 200  
TAMPA, FL 33609

**Current Mailing Address:**

5600 MARINER ST.  
SUITE 200  
TAMPA, FL 33609

**FEI Number:** 81-3915273

**Certificate of Status Desired:** Yes

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

SHAH, BHARATI  
5600 MARINER ST.  
SUITE # 200  
TAMPA, FL 33609 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name PANARA, MITAL  
Address 5600 MARINER ST. SUITE 200  
City-State-Zip: TAMPA FL 33609

*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:** MITAL PANARA

MGR

03/27/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date