

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000172165

Entity Name: ELITE ORTHOPEDICS AND SPORTS MEDICINE, PLLC

Current Principal Place of Business:

PADDOCK PARK PROFESSIONAL CENTER
3200 SW 34TH AVE., BLDG. 500, STE. 502
OCALA, FL 34474

Current Mailing Address:

PADDOCK PARK PROFESSIONAL CENTER
3200 SW 34TH AVE., BLDG. 500, STE. 502
OCALA, FL 34474 US

FEI Number: 81-3847803

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAHAJPAL, DEENESH T M.D.
3200 SW 34TH AVE., BLDG. 500, STE. 502
OCALA, FL 34474 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 CEO
Name SAHAJPAL, DEENESH T M.D.
Address 3200 SW 34TH AVE., BLDG. 500, STE.
502
City-State-Zip: OCALA FL 34474

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: SAHAJPAL, DEENESH T, M.D.

AUTHORIZED MEMBER

05/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date