

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000213086

**Entity Name:** ELITE MD GROUP, LLC

**Current Principal Place of Business:**

4460 MEDICAL CENTER WAY  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

4460 MEDICAL CENTER WAY  
WEST PALM BEACH, FL 33407 US

**FEI Number: 81-4501095**

**Certificate of Status Desired: No**

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

JABER, TALIB  
4460 MEDICAL CENTER WAY  
WEST PALM BEACH, FL 33407 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           MANAGER  
Name            JABER, TALIB  
Address         4460 MEDICAL CENTER WAY  
City-State-Zip: WEST PALM BEACH FL 33407

Title           MANAGER  
Name            MARTINEZ, HERIBERTO E  
Address         4460 MEDICAL CENTER WAY  
City-State-Zip: WEST PALM BEACH FL 33407

Title           MANAGER  
Name            SYED, MUHAMMAD K  
Address         4460 MEDICAL CENTER WAY  
City-State-Zip: WEST PALM BEACH FL 33407

Title           MANAGER  
Name            TARUGU, VIKRAM  
Address         4460 MEDICAL CENTER WAY  
City-State-Zip: WEST PALM BEACH FL 33407

*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: TALIB JABER**

**MANAGER**

**02/06/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date