

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000235053

**Entity Name:** ELITE MEDICAL CONSULTANTS LLC

**Current Principal Place of Business:**

1017 ECKLES DR.  
TAMPA, FL 33612

**Current Mailing Address:**

1017 ECKLES DR.  
TAMPA, FL 33612

**FEI Number: 83-3026675**

**Certificate of Status Desired: No**

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

MAKATI, DIPEN N  
1017 ECKLES DR.  
TAMPA, FL 33612 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            MAKATI, DIPEN N  
Address        1017 ECKLES DR.  
City-State-Zip: TAMPA FL 33612

*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: DIPEN MAKATI**

**MANAGER**

**03/18/2019**

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

\_\_\_\_\_ Date