

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000008108

**Entity Name:** ELITE MEDICAL MANAGEMENT, LLC

**Current Principal Place of Business:**

15820 SEDGEWYCK CIRCLE NORTH  
DAVIE, FL 33331

**Current Mailing Address:**

15820 SEDGEWYCK CIRCLE NORTH  
DAVIE, FL 33331

**FEI Number: 83-4409058**

**Certificate of Status Desired: No**

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

SANCHEZ, LORI A MRS.  
15820 SEDGEWYCK CIRCLE NORTH  
DAVIE, FL 33331 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	Title	AR
Name	SANCHEZ, LORI A MRS.	Name	PIZARRO, JENESSI L MRS.
Address	15820 SEDGEWYCK CIRCLE NORTH	Address	15820 SEDGEWYCK CIRCLE NORTH
City-State-Zip:	DAVIE FL 33331	City-State-Zip:	DAVIE FL 33331

*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: LORI SANCHEZ**

**CEO**

**03/02/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date