

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000027664

**Entity Name:** ELITE MEDICAL ALLIANCE REALTY TRUST, LLC

**Current Principal Place of Business:**

30 W. MASHTA DRIVE,  
300  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

PO BOX 347273  
MIAMI, FL 33234

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

KESHVARI-RASTI, HAMID  
30 W. MASHTA DRIVE  
300  
KEY BISCAYNE, FL 33149 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	AMBR	Title	AMBR
Name	KESHVARI-RASTI, HAMID MD	Name	AGHIGH, SOROUSH MD
Address	PO BOX 347273	Address	PO BOX 347273
City-State-Zip:	MIAMI FL 33234	City-State-Zip:	MIAMI FL 33234

*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:** HAMID KESHVARI-RASTI

**PRESIDENT**

**01/20/2020**

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

\_\_\_\_\_  
Date