

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000086644

**Entity Name:** ELITE MEDICAL AND WELLNESS CENTER LLC

**Current Principal Place of Business:**

733 DUNLAWTON AVE  
SUITE 101  
PORT ORANGE, FL 32127

**Current Mailing Address:**

733 DUNLAWTON AVE  
SUITE 101  
PORT ORANGE, FL 32127 US

**FEI Number:** 83-4183581

**Certificate of Status Desired:** Yes

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

JACKSON, WILLIAM  
840 WEST RIVER OAK DRIVE  
ORMOND BEACH, FL 32174 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	Title	MANAGER
Name	JACKSON, WILLIAM	Name	ZIFFRA, CHRISTINA LYNN
Address	840 WEST RIVER OAK DRIVE	Address	733 DUNLAWTON AVE SUITE 101
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	PORT ORANGE FL 32127

*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:** CHRISTINA LYNN ZIFFRA

**OFFICE MANAGER**

**06/08/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date