

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000497751

Entity Name: ELITE MEDICAL LABORATORY LLC

Current Principal Place of Business:

8800 49TH ST NORTH
SUITE 307
PINELLAS PARK, FL 33782

Current Mailing Address:

PO BOX 530831
SAINT PETERSBURG, FL 33747 US

FEI Number: 87-3636514

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WILLIAMS, SHATAVIUS V
8800 49TH ST NORTH
SUITE 307
PINELLAS PARK, FL 33782 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	DIRECTOR
Name	SHAW, BRITTANY M	Name	WILLIAMS, SHATAVIUS V
Address	1030 SE FORT KING STREET APT 307	Address	8800 49TH ST NORTH SUITE 307
City-State-Zip:	OCALA FL 34471	City-State-Zip:	PINELLAS PARK FL 33782

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: SHATAVIUS WILLIAMS

DIRECTOR

04/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date