

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000524519

**Entity Name:** ELITE MEDICAL DISTRIBUTORS OF FL, LLC

**Current Principal Place of Business:**

3172 KERNAN LAKE CIRCLE  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

12620 BEACH BLVD  
SUITE 3-339  
JACKSONVILLE, FL 32246 US

**FEI Number:** 87-4054515

**Certificate of Status Desired:** Yes

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

POOLOS, MARK P  
12620 BEACH BLVD  
SUITE 3-339  
JACKSONVILLE, FL 32246 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  
Name            POOLOS, MARK P.  
Address        12620 BEACH BLVD  
                  SUITE 3-339  
City-State-Zip: JACKSONVILLE FL 32246

*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:** MARK POOLOS

**PRESIDENT**

**03/03/2024**

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

\_\_\_\_\_  
Date