

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000005202

**Entity Name:** ELITE MEDICAL LABORATORIES GROUP INC.

**Current Principal Place of Business:**

1130 HURRICANE SHOALS RD. NE  
SUITE 1300-A  
LAWRENCEVILLE, GA 30043

**Current Mailing Address:**

1130 HURRICANE SHOALS RD. NE  
SUITE 1300-A  
LAWRENCEVILLE, GA 30043 US

**FEI Number:** 82-2147149

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
3030 N ROCKY POINT DRIVE, STE 150A  
TAMPA, FL 33607 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

**Officer/Director Detail :**

Title DP  
Name DIAB, WALID  
Address 1130 HURRICAND SHOALS RD NE,  
SUITE 1300-A  
City-State-Zip: LAWRENCEVILLE GA 30043

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DIAB WALID

**DIRECTOR**

**04/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date