

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000091451

Entity Name: ELITE PATIENT ADVOCATE, LLC

Current Principal Place of Business:

2107 WINGATE BEND
WELLINGTON, FL 33414

Current Mailing Address:

2107 WINGATE BEND
WELLINGTON, FL 33414 US

FEI Number: 82-5198170

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POWELL, ANNA
2107 WINGATE BEND
WELLINGTON, FL 33414 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 POWELL, ANNA D
Address 2107 WINGATE BEND
City-State-Zip: WELLINGTON FL 33414

Title MEM
Name MATHIS, JOEL D
Address 2107 WINGATE BEND
City-State-Zip: WELLINGTON FL 33414

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: ANNA D POWELL

AMBR

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date