

**2023 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	Title	MEM
Name	POWELL, ANNA D	Name	MATHIS, JOEL D
Address	2107 WINGATE BEND	Address	2107 WINGATE BEND
City-State-Zip:	WELLINGTON FL 33414	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 POWELL

AMBR

03/06/2023

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

\_\_\_\_\_  
Date