

**2021 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**

**01/24/2021**

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

\_\_\_\_\_  
Date