

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074823

**FILED**  
**Apr 17, 2009**  
**Secretary of State**

**Entity Name:** ELITE MEDICAL BILLING ASSOCIATES, LLC

**Current Principal Place of Business:**

1300 PENGUIN COURT  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

28000 AIRPORT RD.  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

1300 PENGUIN COURT  
PUNTA GORDA, FL 33950

**New Mailing Address:**

1133 BAL HARBOR BLVD  
PMB 300  
PUNTA GORDA, FL 33950

FEI Number: 26-3155092

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OAKS, DAVID K ESQ  
407 EAST MARION AVENUE, STE. 101  
PUNTA GORDA, FL 33950 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RINGWALT, BARBARA  
Address: 1300 PENGUIN COURT  
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGR ( ) Delete  
Name: PITT, ELIZABETH  
Address: 3691 WHIPPOORWILL BLVD.  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: BARBARA RINGWALT

MNGR

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date