

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000074823

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

28000 AIRPORT RD.  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

1133 BAL HARBOR BLVD  
PMB 300  
PUNTA GORDA, FL 33950

**New Mailing Address:**

**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  
Name: RINGWALT, BARBARA  
Address: 1300 PENGUIN COURT  
City-St-Zip: PUNTA GORDA, FL 33950

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

I hereby 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: ELIZABETH PITT

OWNE

01/11/2010

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