


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90084 006 ***150.00

DOCUMENT # P02000016375
 1. Entity Name
 ELITE MEDICAL BILLING SOLUTIONS, INC.



Principal Place of Business
 4701 N. FEDERAL HWY
 SUITE 455 A-1
 LIGHTHOUSE POINT, FL 33064

Mailing Address
 4701 N. FEDERAL HWY
 SUITE 455 A-1
 LIGHTHOUSE POINT, FL 33064

50005289



2. Principal Place of Business
 4701 N. Federal Hwy
 Suite, Apt. #, etc.
 Suite 430 A-1

3. Mailing Address
 4701 N. Federal Hwy
 Suite, Apt. #, etc.
 Suite 430 A-1

01172005 Chg-P CR2E034 (10/03)

City & State
 Lighthouse Point, FL Lighthouse Point, FL

4. FEI Number
 35-2159698

Applied For
 Not Applicable

Zip
 33064 USA

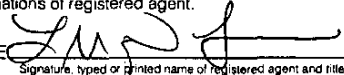
Zip
 33064 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LOCKWOOD, LEIGH
 4701 N. FEDERAL HWY
 SUITE 455 A-1
 LIGHTHOUSE POINT, FL 33064

7. Name and Address of New Registered Agent
 Name: Leigh Lockwood
 Street Address (P.O. Box Number is Not Acceptable):
 4701 N. Federal Hwy
 Suite 430 A-1
 City: Lighthouse Point FL Zip Code: 33064

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 1/18/05

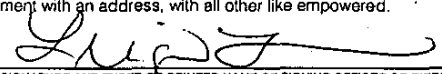
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LOCKWOOD, LEIGH 4701 N. FEDERAL HWY SUITE 455 LIGHTHOUSE POINT, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS LOCKWOOD, SCOTT 4701 N. FEDERAL HWY SUITE 455 LIGHTHOUSE POINT, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 1/18/05 DAYTIME PHONE #: 954-781-5733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR