


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-21-2005 90084 006 \*\*\*150.00

<b>DOCUMENT # P02000016375</b>	
1. Entity Name <b>ELITE MEDICAL BILLING SOLUTIONS, INC.</b>	

Principal Place of Business <b>4701 N. FEDERAL HWY SUITE 455 A-1 LIGHTHOUSE POINT, FL 33064</b>	Mailing Address <b>4701 N. FEDERAL HWY SUITE 455 A-1 LIGHTHOUSE POINT, FL 33064</b>
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**50005289**



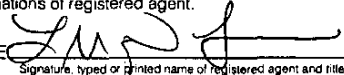
2. Principal Place of Business <b>4701 N. Federal Hwy Suite, Apt. #, etc. Suite 430 A-1</b>	3. Mailing Address <b>4701 N. Federal Hwy Suite, Apt. #, etc. Suite 430 A-1</b>
City & State <b>Lighthouse Point, FL</b>	City & State <b>Lighthouse Point, FL</b>
Zip <b>33064</b>	Zip <b>33064</b>
Country <b>USA</b>	Country <b>USA</b>

01172005 Chg-P CR2E034 (10/03)

4. FEI Number <b>35-2159698</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>LOCKWOOD, LEIGH 4701 N. FEDERAL HWY SUITE 455 A-1 LIGHTHOUSE POINT, FL 33064</b>	7. Name and Address of New Registered Agent Name <b>Leigh Lockwood</b> Street Address (P.O. Box Number is Not Acceptable) <b>4701 N. Federal Hwy Suite 430 A-1</b> City <b>Lighthouse Point FL</b> Zip Code <b>33064</b>
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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.

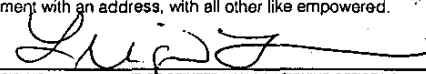
SIGNATURE  DATE **1/18/05**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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 <b>Suite 430</b>
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 <b>Suite 430</b>
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