

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000016375

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** ELITE MEDICAL BILLING SOLUTIONS, INC.

**Current Principal Place of Business:**

450 FAIRWAY DR., STE 103  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

450 FAIRWAY DR., STE 103  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

**FEI Number:** 35-2159698

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOCKWOOD, LEIGH  
4701 N. FEDERAL HWY  
SUITE 430 A-1  
LIGHTHOUSE POINT, FL 33064 US

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

LOCKWOOD, LEIGH  
450 FAIRWAY DR, STE 103  
DEERFIELD BEACH, FL 33441 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

01/11/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: LOCKWOOD, LEIGH  
Address: 450 FAIRWAY DR., STE 103  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: CFO  
Name: LOCKWOOD, SCOTT  
Address: 450 FAIRWAY DR., STE 103  
City-St-Zip: DEERFIELD BEACH, FL 33441

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEIGH LOCKWOOD

CEO

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date