

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000121056

FILED  
Apr 05, 2009  
Secretary of State

Entity Name: ELITE MEDICAL BILLING AND CONSULTANTS, INC.

**Current Principal Place of Business:**

21452 WEBBWOOD AVENUE  
PORT CHARLOTTE, FL 33954

**New Principal Place of Business:**

**Current Mailing Address:**

21452 WEBBWOOD AVENUE  
PORT CHARLOTTE, FL 33954

**New Mailing Address:**

FEI Number: 20-0353366

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MASTRELLA, GENIFER  
21452 WEBBWOOD AVENUE  
PORT CHARLOTTE, FL 33954 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MASTRELLA, GENIFER  
Address: 21452 WEBBWOOD AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: S ( ) Delete  
Name: MASTRELLA, FRANK  
Address: 21452 WEBBWOOD AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: V ( ) Delete  
Name: CIRANELLO, THOMAS  
Address: 21442 WEBBWOOD AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: T ( ) Delete  
Name: CIRANELLO, ANNE  
Address: 21442 WEBBWOOD AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33954

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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 an address, with all other like empowered.

SIGNATURE: GENIFER MASTRELLA

P

04/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date