

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000001567

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

**Current Principal Place of Business:**

4409 ONORIO STREET  
NEW PORT RICHEY, FL 34653

**Current Mailing Address:**

4409 ONORIO STREET  
NEW PORT RICHEY, FL 34653 US

**FEI Number:** 37-1799682

**Certificate of Status Desired:** No

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

ODOM, DAWN  
4409 ONORIO STREET  
NEW PORT RICHEY, FL 34653 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:** DAWN ODOM

03/27/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PVST  
Name ODOM, DAWN  
Address 4409 ONORIO STREET  
City-State-Zip: NEW PORT RICHEY FL 34653

Title D  
Name ODOM, DAWN  
Address 4409 ONORIO STREET  
City-State-Zip: NEW PORT RICHEY FL 34653

*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:** DAWN ODOM

**PRESIDENT**

03/27/2023

Electronic Signature of Signing Officer/Director Detail

Date