

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000022278

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

**Current Principal Place of Business:**

288 WEST SHORES RD  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

255 SPELL LANDING RD.  
HORTENSE, GA 31543 US

**FEI Number: 38-4065952**

**Certificate of Status Desired: No**

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

MCLAUGHLIN, DEBORAH L  
255 SPELL LANDING RD  
HORTENSE, FL 31543 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

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name MCLAUGHLIN, DEBORAH L  
Address 255 SPELL LANDING RD  
City-State-Zip: HORTENSE GA 31543

*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: DEBORAH MCLAUGHLIN**

**PRESIDENT**

**03/20/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date