

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000435398

**Entity Name:** ELITE MEDICAL BILLING AND CODING, LLC

**Current Principal Place of Business:**

4125 SW ENDICOTT STREET  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

10380 SW VILLAGE CENTER DR.  
#224  
PORT ST LUCIE, FL 34987 US

**FEI Number:** 87-2970679

**Certificate of Status Desired:** No

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

SOLOMON, NATALIE R  
4125 SW ENDICOTT STREET  
PORT ST LUCIE, FL 34953 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

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            SOLOMON, NATALIE  
Address        4125 SW ENDICOTT STREET  
City-State-Zip: PORT ST LUCIE FL 34953

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NATALIE R SOLOMON

PRESIDENT

03/27/2022

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date