


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90007 007 \*\*\*163.75

**DOCUMENT # P03000039226**

1. Entity Name  
**EDWARD ADAM MEDICAL BILLING AND MEDICAL CONSULTING, P.A.**



Principal Place of Business  
~~3633 STONEFIELD DR~~  
~~ORLANDO FL 32826~~

Mailing Address  
~~3633 STONEFIELD DR~~  
~~ORLANDO FL 32826~~

*14115 Econ Woods Lane, Orlando, FL 32826*

**54024594**



MOORE CR2E034 (11/03)

2. Principal Place of Business  
*14115 Econ Woods Ln*

3. Mailing Address  
*14115 Econ Woods Ln*

Suite, Apt. #, etc.

City & State  
*Orlando, FL*

City & State  
*Orlando, FL*

Zip  
*32826*

Country  
*ORANGE*

Zip  
*32826*

Country  
*Orange*

4. FEI Number  
*542104012*

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ADAM, EDWARD**  
**3633 STONEFIELD DR**  
**ORLANDO FL 32826**

7. Name and Address of New Registered Agent

Name  
*Same*

Street Address (P.O. Box Number is Not Acceptable)  
*14115 Econ Woods Ln*

City  
*Orlando*

State  
**FL**

Zip Code  
*32826*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004. Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete <i>ADAM, EDWARD</i> <i>3633 STONEFIELD DR</i> <i>ORLANDO FL 32826</i> <i>see above</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <i>Adam, Carmela</i> <i>14115 Econ Woods Ln</i> <i>Orlando, FL 32826</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **3-16-04** **407-721-3053**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachments - PO30 0003226

54024594

3-28-04

To Whom It May Concern

Please be advised that when I tried to download your information the only thing that came up was the same info you sent. This is the first time that I'm completing an ARC Report, is there any thing else I was suppose to fill out? Please advise. I also completed the card requesting this report form from the 1st day I received it, I didn't receive any reply. Thank You In Advance

Sincerely

Ed Adam 