

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**

54024594



MOORE CR2E034 (11/03)

2. Principal Place of Business
14115 Egon Woods Ln

3. Mailing Address
14115 Egon 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 Egon Woods Ln

City
ORlando

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADAM, EDWARD 3633 STONEFIELD DR ORLANDO FL 32826 <i>see above</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Adam, Carmela 14115 Egon Woods Ln ORlando, FL 32826	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-16-04**

Daytime Phone # **407-721-3053**

Attachments - PO300003226

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 