

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039226

FILED
Feb 27, 2006
Secretary of State

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

Current Principal Place of Business:

14115 ECON WOODS
ORLANDO, FL 32826

New Principal Place of Business:

Current Mailing Address:

14115 ECON WOODS
ORLANDO, FL 32826

New Mailing Address:

FEI Number: 54-2104012 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ADAM, EDWARD
14115 ECON WOODS
ORLANDO, FL 32826 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ADAM, EDWARD
Address: 14115 ECON WOODS
City-St-Zip: ORLANDO, FL 32826

Title: VP () Delete
Name: ADAM, CARMELA
Address: 14115 ECON WOODS LANE
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDWARD ADAM

PRES

02/27/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date