

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039226

**FILED
Apr 20, 2009
Secretary of State**

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

Current Principal Place of Business:

2711 KENLYN DR
LONGWOOD, FL 32790

New Principal Place of Business:

2711 KENLYN DR
LONGWOOD, FL 32779

Current Mailing Address:

PO BOX 915841
LONGWOOD, FL 32791

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
2711 KENLYN DR
LONGWOOD, FL 32790 US

Name and Address of New Registered Agent:

ADAM, EDWARD
2711 KENLYN DR
LONGWOOD, FL 32779 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: _____ 04/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ADAM, EDWARD
Address: PO BOX 915841
City-St-Zip: LONGWOOD, FL 32791

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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 04/20/2009
Electronic Signature of Signing Officer or Director Date