

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039226

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

680 ROARING DR  
#350  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

325 SABAL PARK PL  
#103  
ALTAMONTE SPRINGS, 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  
680 ROARING DR  
ALTAMONTE SPRINGS, FL 32714 US

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

ADAM, EDWARD  
325 SABAL PARK PL  
#103  
ALTAMONTE SPRINGS, 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:** EDWARD ADAM

01/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** ADAM, EDWARD  
**Address:** PO BOX 915841  
**City-St-Zip:** LONGWOOD, FL 32791

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 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 all other like empowered.

**SIGNATURE:** EDWARD ADAM

PRES

01/11/2012

Electronic Signature of Signing Officer or Director

Date