

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 11, 2014
Secretary of State
CC6208246189

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

Current Principal Place of Business:

500 GOLF TEE LN #200
ALTAMONTE SPRINGS, FL 32779

Current Mailing Address:

920 WEKIVA SPRINGS RD
P.O. BOX 915841
LONGWOOD, FL 32779 US

FEI Number: 54-2104012

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ADAM, EDWARD
500 GOLF TEE LN #200
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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title	PRES	Title	VP
Name	ADAM, EDWARD	Name	ADAM, KRISTIE L
Address	PO BOX 915841	Address	500 GOLF TEE LN #200
City-State-Zip:	LONGWOOD FL 32791	City-State-Zip:	ALTAMONTE SPRINGS FL 32779

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

01/11/2014

Electronic Signature of Signing Officer/Director Detail

_____ Date