

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000039226

**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:**

PO BOX 915841  
LONGWOOD, FL 32791

**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  
Name            ADAM, EDWARD  
Address        PO BOX 915841  
City-State-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/CEO

02/12/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date