2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 8:00 am Secretary of State 04-28-2005 90201 040 ***150.00

4-23-05 904-230-6061

Daytime Phone #

DOCUMENT # P04000101501 1. Entity Name BRADLEY J. ELIAS, M.D., P.A.					04-28-2005 90201 040 ***150.00			
Principal Plac	e of Business		I	1				
1244 RIBBON RD. 1244 RIBBON RD.								
JACKSONVILLE, FL 32259 JACKSONVILLE, FL 32259					1	4005111		
2. Principal Place of Business 3. Mailing Address								
820 f	Suite, Apt. #, etc.	Suite, Apt. #, etc.		04182005	Chg-P	CR2E034 (10/0	93)	
City & State City & State			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4. FEI Numb	er de luca	101	Applied For
Jacksonville, FL		Zip Country		20 - 1453686 Not Applicable 5. Cartificate of Status Pagings. S8.75 Additional				
32207 Country USA		Zip		ury	5. Certificate	of Status Desired	□ \$8.75 Fee Req	
	6. Name and Address of Current F	,	7. Name and Address of New Registered Agent					
SMITH HULSEY & BUSEY				Name Bradley J. Elias				
225 WATER ST., SUITE 1800				Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE, FL 32202				1247 KIBBON KORK				
				City			7in (Podo -
				City Jacksonville, FL 32259				
8. 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. I am familiar with, and accept the obligations of registered agent.								
``\								
SIGNATURE Signature, typed or printed name of real servicement and title if applicable. (NOTE: Reg. served Agent signature required when reinstating) DATE								
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Con			.00 May Be led to Fees			
10.	OFFICERS AND I		11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECT	ORS IN 11
) TITLE NAME	President Bradley J. Elia	☐ Detete	TITL				☐ Chan	ge 🔛 Addition
STREET ADDRESS	1244 R)6600 (27	1	EET ADDRESS				
CITY-ST-ZIP	Jacksonville, FL	, 32259	CITY	'-S1-ZIP				
TITLE	Secretary!	☐ Delete	TITL	•			☐ Chan	ge 🔲 Addition
NAME Bradley J. Elias STREET ADDRESS 1244 72,5500 Rd			MAN	EET ADDRESS				
CITY-SI-ZIP JECKSONVILL, FL 32259				'-ST-ZIP				
TITLE	Treatment	☐ Delete	TITL	E			☐ Chan	ge 🔲 Addition
NAME Shoon E Elias			NAN					
STREET ADDRESS CITY-ST-ZIP	July Ribbon Rd	2 32259		EET ADDRESS (- ST-ZIP				
TITLE	3200033/07/00 1	Delete	IITL				☐ Chan	ge Addition
NAME		_ Dente	NAM	l l				.ge
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			_	r-ST-ZIP				——————————————————————————————————————
TITLE NAME		☐ Delete	TITL NAM				☐ Chan	ge Addition
STREET ADDRESS			1	EET ADDRESS				
CITY-ST-ZIP	<u> </u>		CITY	/-ST-ZIP				
TITLE		☐ Delete	TITL	E	•		☐ Char	ge 🗌 Addition
NAME STREET ADDRESS			NAM	ME EET ADDRESS				
CITY-ST-ZIP	1		1	(-S1-ZIP				
12. I hereby	certify that the information supplied with	this filing does not qualify fo	or the exe	emption stated in Se	ection 119.07(3)	(i), Florida Statutes.	I further certify that t	he information
of the co	on this report or supplemental report is reportal or supplemental report is reportation or the receiver or trustee emportal or on an attachment with an address, we continue the supplemental or	true and accurate and that wered to execute this repor	my signa t as requ	iture shall have the	same legal effe	ct as if made under i	oath; that I am an off	icer or director

SIGNATURE AND TYPED OR PRINTED WANE OF SIGNING OFFICER OR DIRECTOR