

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **459837** (1)
1. Corporation Name
JOHN J. BRADY, M.D. P.A.



Principal Place of Business: **1016 PONCE DE LEON BLVD. #1 BELLEAIR FL 34616-1098**
Mailing Address: **1016 PONCE DE LEON BLVD. #1 BELLEAIR FL 34616-1098**

3. Date Incorporated or Qualified: **08/20/1974**
3a. Date of Last Report: **03/21/1995**

2. Principal Place of Business
21 **301 TURNER STREET**
Suite, Apt #, etc.
22
City & State
23 **CLEARWATER, FL**
Zip Country
24 **34616** 25 **PINELLAS**
2a. Mailing Address
26 **301 TURNER STREET**
Suite, Apt #, etc.
27
City & State
28 **CLEARWATER, FL**
Zip Country
29 **34616** 30 **PINELLAS**

4. FEI Number: **59-1551721**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 190.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MARQUARDT, JR. EMIL C.
400 CLEVELAND STREET
CLEARWATER FL 33516**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *John J. Brady, M.D. P.A.* President **7/2/96**
Signature of Registered Agent (Required if Agent is not the corporation) (NOTE: Registered Agent signature required for reinstatement.)

12. OFFICERS AND DIRECTORS
TITLE: **PD** DELETE
NAME: **BRADY, JOHN J., M.D.**
STREET ADDRESS: **1016 PONCE DE LEON #1**
CITY - ST - ZIP: **BELLEAIR FL**
TITLE: **DS** DELETE
NAME: **MARQUARDT, EMIL C., JR.**
STREET ADDRESS: **400 CLEVELAND ST.**
CITY - ST - ZIP: **CLEARWATER FL.**
TITLE: **D** DELETE
NAME: **BRADY, MARY**
STREET ADDRESS: **14195 SIESTA STREET**
CITY - ST - ZIP: **LARGO FL.**
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 Change Addition
11 TITLE
12 NAME
13 STREET ADDRESS: **301 TURNER STREET**
14 CITY - ST - ZIP: **CLEARWATER, FL 34616**
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *John J. Brady, M.D. P.A.* **07-08-96 (813) 562-9779**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN J. BRADY, M.D.

CR2E034 (3/96)