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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90130 031 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 459837

1. Corporation Name
JOHN J. BRADY, M.D. P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**301 TURNER ST
 CLEARWATER FL 34616
 US**

Mailing Address
**301 TURNER ST
 CLEARWATER FL 34616
 US**

3. Date Incorporated or Qualified
08/20/1974

2. Principal Place of Business
21 None

2a. Mailing Address
26 315 Ponce de Leon Blvd

4. FEI Number
59-1551721

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
23

City & State
28 Belleair Fla

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country
24 **25**

Zip Country
29 33756 **30 USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARQUARDT, JR. EMIL C.
 400 CLEVELAND STREET
 CLEARWATER FL 33516**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **PD**
 NAME **BRADY, JOHN J., M.D.**
 STREET ADDRESS **301 TURNER ST**
 CITY-ST-ZIP **CLEARWATER FL**

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **DS**
 NAME **MARQUARDT, EMIL C., JR.**
 STREET ADDRESS **400 CLEVELAND ST.**
 CITY-ST-ZIP **CLEARWATER FL.**

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **D**
 NAME **BRADY, MARY**
 STREET ADDRESS **14195 SIESTA STREET**
 CITY-ST-ZIP **LARGO FL.**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

**D Brady Mary
 315 Ponce de Leon Blvd
 Belleair Fla 33756**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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; 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: John J. Brady M.D. PA

1-13-99

(813) 586-4806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)