

DOCUMENT # 459837

1. Entity Name

JOHN J. BRADY, M.D. P.A.

FILED  
Jul 13, 2000 8:00 am  
Secretary of State

07-13-2000 90020 015 \*\*\*550.00

Principal Place of Business

301 TURNER ST  
CLEARWATER FL 34616  
US

Mailing Address

315 PONCE DE LEON BLVD.  
BELLEAIR FL 33756  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1551721

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRADY, JOHN J., M.D.	
STREET ADDRESS	301 TURNER ST	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MARQUARDT, EMIL C., JR.	
STREET ADDRESS	400 CLEVELAND ST.	
CITY-ST-ZIP	CLEARWATER FL.	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADY, MARY	
STREET ADDRESS	315 PONCE DE LEON BLVD.	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE: *[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/2000  
Date

727 586-4806  
Daytime Phone #

Attachment  
DH 459837  
DU 9787

FELLOW, AMERICAN COLLEGE OF  
OBSTETRICS AND GYNECOLOGY

DIPLOMATE, AMERICAN BOARD OF  
OBSTETRICS AND GYNECOLOGY

JOHN J. BRADY, M.D., P.A.

OBSTETRICS & GYNECOLOGY

315 4046 PONCE DE LEON BOULEVARD  
BELLEAIR, FLORIDA 34646 33756

PHONE (813) 585-9946  
FAX (813) 585-7620

727 566-4806

Dear Sirs:

I am a retired physician and  
I wish to keep my corporation  
active for the time being.

I have the impression that  
this WER report is a second  
notice and I am paying a  
penalty at \$550.00 I never did  
get your first billing. It may  
have been sent to my office which  
is now closed

Sincerely

John J. Brady, M.D., P.A.