

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90111 035 \*\*\*150.00

**DOCUMENT # 459837**

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



Principal Place of Business  
315 PONCE DE LEON BLVD  
CLEARWATER, FL 33756 US

Mailing Address  
315 PONCE DE LEON BLVD.  
BELLEAIR, FL 33756 US

**50054366**



06292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1551721

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BRADY, JOHN J., M.D.  
STREET ADDRESS 315 PONCE DE LEON BLVD  
CITY-ST-ZIP CLEARWATER, FL 33756 BELLEAIR

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

TITLE D  
NAME BRADY, MARY  
STREET ADDRESS 315 PONCE DE LEON BLVD.  
CITY-ST-ZIP BELLEAIR, FL 33756

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/28/05

727 586 4806