

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90007 031 ***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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727 356 4806