

2006 FOR PROFIT CORPORATION ANNUAL REPORT

05-03-2006 90223 005 ***150.00
K04003

AMENDED

DOCUMENT # K04003 1. Entity Name TIMOTHY O'GRADY, D.C., P.A.					
Principal Place of Business 2708 S US #1 FORT PIERCE, FL 34982 US			Mailing Address 2708 S US #1 FORT PIERCE, FL 34982 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0016423	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent O'GRADY, TIMOTHY P PA 2708 S MS #1 FORT PIERCE, FL 34982				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering)					
DATE: _____					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP PST O'GRADY, TIMOTHY 1119 DELAWARE AVE. FT. PIERCE, FL			TITLE NAME STREET ADDRESS CITY - ST - ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9659 Fairwood Court Port St Lucie, FL 34986		
TITLE NAME STREET ADDRESS CITY - ST - ZIP D O'GRADY, TIMOTHY 1119 DELAWARE AVE. FT. PIERCE, FL			TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: <u>Timothy O'Grady</u> 7/24/16 (772) 468-1000					