

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90061 023 ****50.00

DOCUMENT # L00000006195

1. Entity Name
SCOTT C. BRADY M.D. PLC



Principal Place of Business
**12552 PARK AVENUE
WINDERMERE, FL 34786**

Mailing Address
**801 N. MAGNOLIA AVENUE, SUITE 201
ORLANDO, FL 32803**



2. Principal Place of Business
6211 S. HAMPSHIRE COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07132004 Chg-LLC CR2E083 (10/03)

City & State
WINDERMERE, FL

City & State

4. FEI Number
59-3651083

Applied For
Not Applicable

Zip
34786

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARNOLD, MATHENY & EAGAN, P.A.
801 N. MAGNOLIA AVENUE, SUITE 201
ORLANDO, FL 32803**

Name
AM&E SERVICES LLC

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

801 N. MAGNOLIA AVENUE, SUITE 201

City
ORLANDO

FL

Zip Code
32803

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

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BRADY, M.D., SCOTT C
12552 PARK AVENUE
WINDERMERE, FL 34786** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BRADY, M.D., SCOTT C.
6211 S. HAMPSHIRE COURT
WINDERMERE, FL 34786** ☒ Change ☐ Addition

TITLE
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SCOTT C. BRADY, MGR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #