


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000005189	
1. Entity Name KEITH W. FADY, D.C., P.A.	

Principal Place of Business 11685 HAMLIN BLVD., STE. 1 LARGO FL 33774	Mailing Address 11685 HAMLIN BLVD., STE. 1 LARGO FL 33774
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-3693149	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FADY, KEITH W 11685 HAMLIN BLVD., STE. 1 LARGO FL 33774	7. Name and Address of New Registered Agent 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 title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
--	---	-------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																
<table border="1"> <tr> <td>TITLE</td> <td>D <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FADY, KEITH W D.C.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>11685 HAMLIN BLVD., STE. 1</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LARGO FL 33774</td> </tr> </table>	TITLE	D <input type="checkbox"/> Delete	NAME	FADY, KEITH W D.C.	STREET ADDRESS	11685 HAMLIN BLVD., STE. 1	CITY - ST - ZIP	LARGO FL 33774	<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete																
NAME	FADY, KEITH W D.C.																
STREET ADDRESS	11685 HAMLIN BLVD., STE. 1																
CITY - ST - ZIP	LARGO FL 33774																
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY - ST - ZIP																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		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																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		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																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		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																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		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																	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <i>Dr. Keith W. Fady</i> Dr. Keith W. Fady	1-27-05	727-596-1895
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>