

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022402

FILED
Sep 15, 2008
Secretary of State

Entity Name: KEITH A. BRADY, P.A.

Current Principal Place of Business:

1099 5 AVE N
SUITE#220
ST PETERSBURG, FL 33705

Current Mailing Address:

1099 5 AVE N
SUITE #220
ST PETERSBURG, FL 33705

New Principal Place of Business:

1099 5 AVE N
SUITE#150
ST PETERSBURG, FL 33705

New Mailing Address:

1099 5 AVE N
SUITE#150
ST PETERSBURG, FL 33705

FEI Number: 20-2563408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADY, KEITH A
1099 5 AVE N
SUITE #220
ST PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

BRADY, KEITH A MD
1099 5 AVE N
SUITE #150
ST PETERSBURG, FL 33705 US

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.

SIGNATURE: KEITH A. BRADY, MD

09/15/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: BRADY, KEITH A
Address: 1099 5 AVE N
City-St-Zip: ST PETERSBURG, FL 33705

Title: MRS (X) Delete
Name: BRADY, YVETTA L
Address: 1099 5TH AVE. NO
City-St-Zip: ST. PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: BRADY, KEITH A MD
Address: 1099 5 AVE N SUITE150
City-St-Zip: ST PETERSBURG, FL 33705

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH A. BRADY, MD

DIR

09/15/2008

Electronic Signature of Signing Officer or Director

Date