


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90381 049 \*\*\*150.00

<b>DOCUMENT # P04000101501</b> 1. Entity Name <b>BRADLEY J. ELIAS, M.D., P.A.</b>					
Principal Place of Business <b>617 TREE HOUSE CIRCLE ST AUGUSTINE, FL 32095</b>			Mailing Address <b>617 TREE HOUSE CIRCLE ST AUGUSTINE, FL 32095</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>20-1453686</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>ELIAS, BRADLEY J M.D. 617 TREE HOUSE CIRCLE ST. AUGUSTINE, FL 32095</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS ELIAS, BRADLEY J <del>1244 RIBBON RD.</del> <del>JACKSONVILLE, FL 32260</del>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete  <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>617 Tree House Circle St. Augustine, FL 32095</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ELIAS, SHARON E <del>1244 RIBBON RD.</del> <del>JACKSONVILLE, FL 32260</del>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete  <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>617 Tree House Circle St. Augustine, FL 32095</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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 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: <i>X Bradley J Elias</i>			BRADLEY J. ELIAS		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>4-27-06</i> Daytime Phone # <i>904829-9996</i>		