

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90075 022 \*\*\*150.00

**DOCUMENT # P04000101501**

1. Entity Name

BRADLEY J. ELIAS, M.D., P.A.



Principal Place of Business

617 TREE HOUSE CIRCLE  
ST AUGUSTINE FL 32095

Mailing Address

617 TREE HOUSE CIRCLE  
ST AUGUSTINE FL 32095



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-1453686

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELIAS, BRADLEY J M.D.  
617 TREE HOUSE CIRCLE  
ST. AUGUSTINE FL 32095

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME ELIAS, BRADLEY J ☐ Delete  
STREET ADDRESS 217 TREE HOUSE CIR  
CITY- ST- ZIP SAINT AUGUSTINE FL 32095

TITLE PS  
NAME ELIAS, BRADLEY J ☒ Change ☐ Addition  
STREET ADDRESS 617 TREE HOUSE CIR  
CITY- ST- ZIP SAINT AUGUSTINE FL 32095

TITLE T  
NAME ELIAS, SHARON E ☐ Delete  
STREET ADDRESS 617 TREE HOUSE CIR  
CITY- ST- ZIP SAINT AUGUSTINE FL 32095

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Bradley J. Elias*

BRADLEY J. ELIAS

4-23-07

904-824-9996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #