

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

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



02022008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-1453686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000816816
02/14/08-80065-024 150.00

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Bradley J. Elias M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/08 9048299996
Date Daytime Phone #