

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000030672

FILED
May 12, 2010
Secretary of State

Entity Name: PATRICK CONRAD, M.D., P.A.

Current Principal Place of Business:

1759 OSPREY COVE
SUITE 416
NICEVILLE, FL 32578 US

New Principal Place of Business:

3050 HIGHWAY 98 WEST
D117
PORT ST. JOE, FL 32456 US

Current Mailing Address:

1759 OSPREY COVE
SUITE 416
NICEVILLE, FL 32578 US

New Mailing Address:

3050 HIGHWAY 98 WEST
D117
PORT ST. JOE, FL 32456 US

FEI Number: 20-2489365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONRAD, PATRICK M.D.
1759 OSPREY COVE
SUITE 416
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

CONRAD, PATRICK M.D.
3050 HIGHWAY 98 WEST
D117
PORT ST. JOE, FL 32456 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: PATRICK CONRAD

05/12/2010

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: PSTD
Name: CONRAD, PATRICK M.D.
Address: 3050 HIGHWAY 98 WEST, D117
City-St-Zip: PORT ST. JOE, FL 32456 US

I hereby 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 all other like empowered.

SIGNATURE: PATRICK CONRAD, M.D.

PSTD

05/12/2010

Electronic Signature of Signing Officer or Director

Date