

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000053647**

1. Entity Name

STEVEN J. NERAD, M.D., P.A.



Principal Place of Business

18 N EUTIS ST  
EUSTIS, FL 32727 US

Mailing Address

18 N EUSTIS ST  
EUSTIS, FL 32727 US



01132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3369838

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NERAD, STEVEN J  
18 N EUSTIS ST  
EUSTIS, FL 32727-0187

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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

*Steven J. Nerad*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/23/04*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



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

U00000013047  
01/26/04-80038-003 150.00

10. OFFICERS AND DIRECTORS

TITLE

D

NAME

NERAD, STEVEN J

STREET ADDRESS

18 N EUSTIS ST

CITY- ST- ZIP

EUSTIS, FL 32727

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

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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 exemption stated in Section 119.07(3)(f), 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:

*Steven J. Nerad*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

*1/23/04*

*(352) 357-2211*