2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000053647

1. Entity Name
STEVEN J. NERAD, M.D., P.A.

Principal Place of Business	Mailing Address
18 N EUTIS ST	18 N EUSTIS ST
EUSTIS, FL 32727 US	EUSTIS, FL 32727 US

DO NOT WRITE IN THIS SPACE

01242005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3369838	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

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D	
NAME	NERAD, STEVEN J	U00U00235565
STREET ADDRESS	18 N EUSTIS ST	02/19/05-80009-022 150.00
CITY-ST-ZIP	EUSTUS, FL 32727	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DO NOT WRITE
NAME		IN THIS SPACE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   2/17/05 (352) 787-1019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #