

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000030672

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

**Current Principal Place of Business:**

3050 HIGHWAY 98 WEST  
D118  
PORT ST. JOE, FL 32456

**Current Mailing Address:**

3050 HIGHWAY 98 WEST  
D118  
PORT ST. JOE, FL 32456 US

**FEI Number:** 20-2489365

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CONERLY, BOWMAN & DYKES, L.L.P.  
4481 LEGENDARY DRIVE  
SUITE 200  
DESTIN, FL 32541 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PSTD  
Name CONRAD, PATRICK M.D.  
Address 3050 HIGHWAY 98 WEST, D118  
City-State-Zip: PORT ST. JOE FL 32456

*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.

**PRESIDENT**

**03/13/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date