

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000301750

**Entity Name:** JOHN PAUL BRADY IV MD PLLC

**Current Principal Place of Business:**

5325 SOL RUE CIR  
VERO BEACH, FL 32967

**Current Mailing Address:**

PO BOX 1708  
SHAVERTOWN, PA 18708 US

**FEI Number: 84-4466241**

**Certificate of Status Desired: No**

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

KABA CONSULTING INC  
17011 FL-50  
STE 303  
CLERMONT, FL 34711 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

**Authorized Person(s) Detail :**

Title MGR  
Name BRADY IV, JOHN P  
Address 5325 SOL RUE CIR  
City-State-Zip: VERO BEACH FL 32967

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JOHN BRADY IV**

**MGR**

**03/29/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date