

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H79499

FILED
Jan 05, 2009
Secretary of State

Entity Name: TIMOTHY F. KELLY, M.D., P.A.

Current Principal Place of Business:

32615 U.S. 19 NO. SUITE 1
PALM HARBOR, FL 34684

New Principal Place of Business:

32615 U.S. 19 NO
SUITE #1
PALM HARBOR, FL 34684 US

Current Mailing Address:

32615 U.S. 19 NO. SUITE 1
PALM HARBOR, FL 34684

New Mailing Address:

32615 U.S. 19 NO.
SUITE #1
PALM HARBOR, FL 34684 US

FEI Number: 59-2586941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, TIMOTHY F., MD
32615 U.S. 19 NO. SUITE 1
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

KELLY, TIMOTHY F., MD
32615 U.S. 19 NO.
SUITE #1
PALM HARBOR, FL 34684 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:

01/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KELLY, TIMOTHY F., M, D
Address: 32615 U.S. 19 NO. SUE 1
City-St-Zip: PALM HARBOR, FL 34684,

Title: D () Delete
Name: LINDA KELLY,
Address: 32615 U.S. 19 NO STE
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KELLY, TIMOTHY F., M, D
Address: 32615 U.S. 19 NO. SUE 1
City-St-Zip: PALM HARBOR, FL 34684 US

Title: D (X) Change () Addition
Name: LINDA KELLY,
Address: 32615 U.S. 19 NO STE
City-St-Zip: PALM HARBOR, FL 34684 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY F KELLY, MD

DP

01/05/2009

Electronic Signature of Signing Officer or Director

Date