

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H79499

FILED
Feb 15, 2011
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 US

Current Mailing Address:

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

New Principal Place of Business:

1840 MEASE DRIVE
SUITE 406
SAFETY HARBOR, FL 34695 US

New Mailing Address:

1840 MEASE DRIVE
SUITE 406
SAFETY HARBOR, FL 34695 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
1840 MEASE DRIVE
SUITE 406
SAFETY HARBOR, FL 34695 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

02/15/2011

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: KELLY, TIMOTHY F., MD
Address: 1840 MEASE DRIVE, SUITE 406
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: D
Name: LINDA KELLY
Address: 1840 MEASE DRIVE, SUITE 406
City-St-Zip: SAFETY HARBOR, FL 34695 US

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: TIMOTHY F. KELLY, MD

Electronic Signature of Signing Officer or Director

DP

02/15/2011

Date