

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H79499

FILED  
Mar 21, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1840 MEASE DRIVE  
SUITE 406  
SAFETY HARBOR, FL 34695 US

**New Principal Place of Business:**

**Current Mailing Address:**

1840 MEASE DRIVE  
SUITE 406  
SAFETY HARBOR, FL 34695 US

**New Mailing Address:**

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  
1840 MEASE DRIVE  
SUITE 406  
SAFETY HARBOR, FL 34695 US

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

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

**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

DP

03/21/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date