

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000053107

Entity Name: PATRICK J. KELLY, M.D., J.D., P.L.

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2029 NORTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

211 NORTH LIBERTY STREET  
3  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

2029 NORTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

PO BOX 55095  
JACKSONVILLE, FL 32216

FEI Number: 26-0202811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KELLY, PATRICK J  
2029 NORTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250 US

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

KELLY, PATRICK J  
211 NORTH LIBERTY STREET  
3  
JACKSONVILLE, FL 32216 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:

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KELLY, PATRICK J  
Address: PO BOX 55095  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KELLY

MGR

01/05/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date