2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000082100

Entity Name: DR. KELLY SMITH, INC.

PORT ST. LUCIE, FL 34952

City-St-Zip:

FILED Apr 17, 2008 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
499 N.W. PRIMA VISTA BLVD. PORT ST. LUCIE, FL 34983				499 N.W. PRIMA VISTA BLVD.	
			101 PORT ST. LUCIE, FL	PORT ST. LUCIE, FL 34983	
Current M	lailing Addre	ss:	New Mailing Addres	New Mailing Address:	
499 N.W. PRIMA VISTA BLVD. PORT ST. LUCIE, FL 34983				499 N.W. PRIMA VISTA BLVD. 101	
			PORT ST. LUCIE, FL 34983		
FEI Number: 65-0801864 FEI Number Applied For ()			FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
The above	N PARK LUCIE, FL 3		purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			gent	Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	O (SMITH, KELLY 2045 AVON P PORT ST. LUC	ARK	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	,) Delete EEST, CORINE J ARK	Title: Name: Address:	() Change () Addition	

City-St-Zip:

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: KELLY SMITH 0 04/17/2008