# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 13, 2010**
**Secretary of State**

DOCUMENT# P97000082100

**Entity Name:** DR. KELLY SMITH, INC.

**Current Principal Place of Business:**

499 N.W. PRIMA VISTA BLVD.
101
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

905 N.E. PRIMA VISTA BLVD
SUITE E
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

499 N.W. PRIMA VISTA BLVD.
101
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

905 N.E. PRIMA VISTA BLVD
SUITE E
PORT ST. LUCIE, FL 34952

**FEI Number: 65-0801864** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SMITH, KELLY L
2045 AVON PARK
PORT ST. LUCIE, FL 34952 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: O
Name: SMITH, KELLY
Address: 2045 AVON PARK
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP
Name: VAN GROOTHEEST, CORINE J
Address: 2045 AVON PARK
City-St-Zip: PORT ST. LUCIE, FL 34952

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: DR. KELLY SMITH OWNE 01/13/2010

Electronic Signature of Signing Officer or Director — Date