

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H79499

**FILED  
Jan 15, 2020  
Secretary of State  
6847190354CC**

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

**Current Principal Place of Business:**

1840 MEASE DRIVE  
SUITE 406  
SAFETY HARBOR, FL 34695

**Current Mailing Address:**

1840 MEASE DRIVE  
SUITE 406  
SAFETY HARBOR, FL 34695 US

**FEI Number:** 59-2586941

**Certificate of Status Desired:** No

**Name and Address of Current 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

*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:** CHRISTOPHER R KELLY

**OFFICE MANAGER**

**01/15/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date