

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H79499

**FILED
Mar 06, 2018
Secretary of State
CC5838986554**

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

03/06/2018

Electronic Signature of Signing Officer/Director Detail

Date