

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000082100

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

**Current Principal Place of Business:**

2045 S.E. AVON PARK  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

2045 S.E. AVON PARK  
PORT ST. LUCIE, FL 34952 US

**FEI Number:** 65-0801864

**Certificate of Status Desired:** No

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

SMITH, KELLY L  
2045 AVON PARK  
PORT ST. LUCIE, FL 34952 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            PRES  
Name            SMITH, KELLY  
Address        2045 AVON PARK  
City-State-Zip: PORT ST. LUCIE FL 34952

Title            VP  
Name            VAN GROOTHEEST, CORINE J  
Address        2045 AVON PARK  
City-State-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:** KELLY SMITH

**PRESIDENT**

**03/20/2014**

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

\_\_\_\_\_  
Date