

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000053107

Entity Name: PATRICK J. KELLY, M.D., J.D., P.L.

Current Principal Place of Business:

4110 SOUTHPOINT BLVD
236
JACKSONVILLE, FL 32216

Current Mailing Address:

PO BOX 55095
JACKSONVILLE, FL 32216

FEI Number: 26-0202811

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KELLY, PATRICK J
4110 SOUTHPOINT BLVD
236
JACKSONVILLE, FL 32216 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

Authorized Person(s) Detail :

Title MGR
Name KELLY, PATRICK J
Address PO BOX 55095
City-State-Zip: JACKSONVILLE FL 32216

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KELLY PATRICK

MNGR

01/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date