

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 698644

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** JOLLY THOMAS, M.D., F.A.C.P., P.A.

**Current Principal Place of Business:**

8 SHANNON CIR.  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7609  
WEST PALM BEACH, FL 33405 US

**New Mailing Address:**

FEI Number: 59-2165511

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THOMAS, JOLLY M. D.  
8 SHANNON CIR.  
WEST PALM BEACH, FL 33401 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: THOMAS, JOLLY M. D.  
Address: 8 SHANNON CIR.  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: AS  
Name: LIPSON, SETH  
Address: 1920 PALM BCH LAKES BLVD #204  
City-St-Zip: WEST PALM BEACH, FL 33409

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: JOLLY THOMAS M.D.

M.D.

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date