

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

G44616

1. Entity Name

THOMAS J. KELLY, M.D., P.A.

Principal Place of Business

4020 S. Ocean Blvd.
Manalapan, FL 33462
US

Mailing Address

4020 S. Ocean Blvd.
Manalapan, FL 33462
US

2. Principal Place of Business

1325 S. Congress Avenue #107
Suite, Apt. #, etc.
Suite 107

3. Mailing Address

1325 S. Congress Avenue #107
Suite, Apt. #, etc.
Suite 107

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33424

Country

USA

Zip

33424

Country

USA

4. FEI Number

59-2354220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Thomas J. Kelly
4020 S. Ocean Blvd.
Manalapan, FL 33462

7. Name and Address of New Registered Agent

Name

Thomas J. Kelly

Street Address (P.O. Box Number is Not Acceptable)

1325 S. Congress Ave., Suite 107

City

Boynton Beach

FL

Zip Code

33424

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP
NAME Thomas J. Kelly
STREET ADDRESS 4020 S. Ocean Blvd.
CITY-ST-ZIP Manalapan, FL 33462 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1325 S. Congress Ave., #107
CITY-ST-ZIP Boynton Beach, FL 33424

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90365 011 ***150.00

769140

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)