

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90181 007 ***150.00

036647 AV

DOCUMENT # G44616

1. Entity Name
THOMAS J. KELLY, M.D., P.A.

Principal Place of Business Mailing Address
1325 S. CONGRESS AVENUE STE 107 **1325 S. CONGRESS AVENUE STE 107**
BOYNTON BEACH FL 33424 **BOYNTON BEACH FL 33424**
US **US**



2. Principal Place of Business 3. Mailing Address

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

Suite, Apt. #, etc. Suite, Apt. #, etc.
Woolbright Professional Building

City & State City & State
2240 Woolbright Road, Suite 407 **Boynton Beach, FL 33426**

Zip Country Zip Country

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

KELLY, THOMAS J
1325 S. CONGRESS AVENUE STE 107
BOYNTON BEACH FL 33424

7. Name and Address of New Registered Agent

Name **KELLY, THOMAS J**
 Street Address (P.O. Box Number is Not Acceptable) **2240 WOOLBRIGHT RD SUITE 407**
 City **BOYNTON BEACH** FL Zip Code **33426**

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 *Thomas J Kelly M.D.* DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY - ST - ZIP	DP KELLY, THOMAS J 1325 S. CONGRESS AVENUE STE 107 BOYNTON BEACH FL 33424	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. CHANGING OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	THOMAS J. KELLY, M.D., P.A. Woolbright Professional Building 2240 Woolbright Road, Suite 407 Boynton Beach, FL 33426	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Thomas J Kelly M.D.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/02 567580618

CP2E034 (9/01)