


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90025 028 ***150.00

DOCUMENT # G44616 1. Entity Name THOMAS J. KELLY, M.D., P.A.			
Principal Place of Business WOOLBRIGHT PROFESSIONAL BUILDING 2240 WOOLBRIGHT ROAD SUITE 407 BOYNTON BEACH, FL 33426 US		Mailing Address WOOLBRIGHT PROFESSIONAL BUILDING 2240 WOOLBRIGHT ROAD SUITE 407 BOYNTON BEACH, FL 33426 US	
2. Principal Place of Business LINTON TOWERS Suite, Apt. #, etc. 100 E. LINTON SHI 204A City & State DELRAY BEACH Zip 33483		3. Mailing Address 100 EAST LINTON Suite, Apt. #, etc. SUITE 204A City & State DELRAY BEACH Zip 33483	
4. FEI Number 01092004		Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLY, THOMAS J 2240 WOOLBRIGHT ROAD SUITE 407 BOYNTON BEACH, FL 33426		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KELLY, THOMAS J MD 2240 WOOLBRIGHT ROAD SUITE 407 BOYNTON BEACH, FL 33426	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KELLY, THOMAS J MD 100 EAST LINTON SUITE 204A DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 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: 2/25/04 Daytime Phone #: 561-5410-410	