## 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	Mailing Addross	

			500 st	13.7	<b>\</b>				
Principal Place	e of Business	Mailing Address				J41	140313		
WOOLBRIGHT PROFESSIONAL BUILDING WOOLBRIGHT PROFESSIONAL		ONAL BUILDING	<del>L BUIL</del> DING			•			
2240 WOOLBRIGHT ROAD SUITE 307 2340 WOOLBRIGHT KOAD SUITE			DSUITE 407			. * *		•	
C BOYNTON BE	<del>2011, EL</del> <33426 / US	BUTH MOTORERUS IL 3	<del>5420</del> US			AND A CITAL FILL LIVE			
2. Principal P	lace of Business	3. Mailing Address							
LINT	TON DWERS	-100 B	FAST LI	ルブ	0 10 10 10 10	BIDIS BYRN BYIST STRIN	ATIK BIĞİL BIŞIL BIŞIL	mimit Algii Bini	VEST II IEBI
Suite, Apt.		Suite, Ap. #, etc.	` 7/	1 <i>//</i> //	01092004	Chg-P	CR2E03	4 (10/03)	
100 E	. LINTON Sui ]		117520	74	4 55111				ntind Ex-
City & State  City & State  City & State  City & State  DELRAY BEACH  4. FEI Number  S9-2354220  Not Applicable								ot Applicable	
Zip	Country	Zip						8.75 Add	
33	483 PALMIBBA	33483	PALMP	PAS	e and connicate	-of:Status/Desired	F	ee Require	d
6. Name and Address of Current Registered Agent					7. Name and	Address of Nev	Registered A	jent	
KELLY, TH	10MAS I		Name						
	ALBRIGHT ROAD		Street A	ddress (	P.O. Box Numb	er is Not Accepta	ble)		-
SOITE 407	$\sim$	•	ļ						
BOYNTON	HEACH, FL 33426		<u> </u>			· · · · · · · · · · · · · · · · · · ·			
<u> </u>	•		City				FL	Zip Code	e i
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or	registe	red agent, or bo	th, in the State of	Florida. I am fa	miliar with,	and accept
the obligat	ions of registered agent.								1
SIGNATURE.									
	Signature, typed or printed name of registered agent ar	nd title If applicable. (NOTE:	Registered Agent signal.	ne required	when reinstating)		CATE		
· · · · · · · · · · · · · · · · · · ·	to the second of	O Flanking Companie			00				
* FIL	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	<ol> <li>9. Election Campaig</li> <li>Trust Fund Contri</li> </ol>	· -		.00 May Be led to Fees				ŀ
AILEI MI	ay 1, 2004 Fee Will be \$550.0								
10.	OFFICERS AND E		11.		ADDITIONS	CHANGES TO C			
TITLE	DP	☐ Delete	TITLE	In	164 1	HOMASU	כנוסו	Change	Addition
NAME STREET ADDRESS	KELLY THOMAS J MD 2240 WOOLBRIGHT BOAD SUIT	407	NAME STREET ADDRESS	100	DEAST.	LINTON	341	TAL	044
CITY-ST-ZIP	BOYNTON BEACH, FL 33428	L 101	CITY-ST-ZIP	DE	LRAY	BRACH	F 3	34	80
TITLE		☐ Delete	TITLE				<u>,                                    </u>	☐ Change	Addition
NAME	1		NAME						_
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		Delete	TITLE		عبايا بات			☐ Change	☐ Addition
NAME	1		NAME					A - A	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				•		
TITLE		Delete	TITLE				<del></del>	☐ Change	- Addition
NAME	·	Li Oelete	NAME					vugo	
STREET ADDRESS	·		STREET ADDRESS						•
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition
NAME :			NAME						
STREET ADDRESS	N. 15 14		STREET ADDRESS CITY-ST-ZIP			٠,	•		•
<del></del>	1- 5 (7 <del>47)</del> (			<del>                                     </del>	<del> </del>			Change	Addition
NAME	The state of section .	☐ Delete	TITLE NAMÉ		. <b>*</b> .			Change	T VROUGHT
STREET ADDRESS	25° 1, 5° (100 miles) (100 mil		STREET ADORESS						
CITY-ST-ZIP			CITY-ST-ZIP			÷	_	•	• " .
	1								
12. Thereby	certify that the information supplied with d on this report or supplemental report is reportation or the receiver or trustee expection.	this filing does not qualify for	the exemption sta	ted in S	ection 119.07(3	)(i), Florida Statut	es. I further cert	ify that the i	information

of the corporation or the receiver or trustee empowers changed, or on an attachment with an address, with all

SIGNATURE: