2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000111058

1. Entity Name

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



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90122 046 ***150.00

SARASOTA F. 34239 SARA						
2. Meding Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Chy & State Country Zip Country S. Conflicted of Status Desired Se, 75 Additional S	1880 ARLINGTON STREET 1880 ARLINGTON S		1880 ARLINGTON STREET	T		
City & State City & State Country A FEI Number 65-1064163 Applied For Not Applicable SB. 75 Addition For Required For	2. Principal P	lace of Business	3. Mailing Address			
Street Address (P.O. Box Number is Nor Acceptable) See St. 5 Additional received See St.	Suite, Apt. #, etc. Suite		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
S. Certificate of states beared	City & State		City & State		4. 12.110.1100. OF 1004160	
KELLY, THOMAS F 1880 ARLINGTON STREET SUITE #103 SARASOTA FL 34238 6. 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 project orange of profess and time analysis. FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. TITLE NAME SIREET ADDRESS SIRETT ADR	Zip	Country	Zip	Country		
Name Street Address (P.O. Box Number is Not Acceptable)		S. News and Address of Curr	ent Registered Agent		7. Name and Address of New Registered Agent	
1880 ARLINGTON STREET SUITE #103 SARASOTA FL 34238 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 pergeteral agent. SIGNATURE Supmits. Speak or purpose or present and the flample. PILE NOW!!! FEELS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will		6. Name and Address of Curr	Citt ricgiotorou rigo	Name		
SUITE #103 SARASOTA FL 34236 City				Street Addres	ss (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34236 City						
SIGNATURE Signature Signa	SARASOTA FL 34236			'	[L]	
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRED

Daytime Phone #