

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000068343

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** KELLY'S HEAR CARE CENTER, INC.

**Current Principal Place of Business:**

600 FAIRWAY DRIVE  
SUITE 100  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

600 FAIRWAY DRIVE  
SUITE 100  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

**FEI Number:** 05-0531161

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KELLY, JAMES  
4216 NW 5TH DR  
DEERFIELD BEACH, FL 33442 US

**Name and Address of New Registered Agent:**

KELLY, JAMES  
613 NW 43RD WAY  
DEERFIELD BEACH, FL 33442 US

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:** JAMES E KELLY III

04/05/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** KELLY, JAMES E III  
**Address:** 613 NW 43RD WAY  
**City-St-Zip:** DEERFIELD BEACH, FL 33442

**Title:** VP  
**Name:** MARGARET, KELLY A  
**Address:** 613 NW 43RD WAY  
**City-St-Zip:** DEERFIELD BEACH, FL 33442

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JAMES E KELLY III

PRES

04/05/2010

Electronic Signature of Signing Officer or Director

Date