

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90045 043 \*\*\*158.75

DOCUMENT #	
1. Entity Name	TIM KELLY, LCSW, PSYCHOTHERAPIST, P.A.
	P O 3000 131251



**DO NOT WRITE IN THIS SPACE**

50004508

2. Principal Place of Business	3. Mailing Address
3652 LANDELS ST.	3652 LANDELS ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
BIG PINE KEY, FL.	BIG PINE KEY, FL
Zip	Country
33043	USA
Zip	Country
33043	U.S.A.

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number		Applied For
	65-1210203		Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
Name		TIMOTHY M. KELLY	
Street Address (P.O. Box Number is Not Acceptable)		3652 LANDELS ST.	
City		FL	Zip Code
BIG PINE KEY			33043

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	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS			
TITLE	OWNER AND PRESIDENT (P, V, T, S, D, CM)	TITLE	
NAME	TIMOTHY M. KELLY	NAME	
STREET ADDRESS	3652 LANDELS ST.	STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY, FL. 33043	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:	TIMOTHY M. KELLY	DATE	1-18-05	DAYTIME PHONE #	305-294-1277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E034B (12/02)