

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000131251

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** TIM KELLY, LCSW, PSYCHOTHERAPIST, P.A.

**Current Principal Place of Business:**

3652 LANDERS ST.  
BIG PINE KEY, FL 33043

**New Principal Place of Business:**

**Current Mailing Address:**

3652 LANDERS ST.  
BIG PINE KEY, FL 33043

**New Mailing Address:**

**FEI Number:** 65-1210203

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KELLY, TIM  
3652 LANDERS ST.  
BIG PINE KEY, FL 33043 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVS  
Name: KELLY, TIMOTHY M  
Address: 3652 LANDERS ST.  
City-St-Zip: BIG PINE KEY, FL 33043

Title: CDM  
Name: KELLY, TIMOTHY M  
Address: 3652 LANDERS ST.  
City-St-Zip: BIG PINE KEY, FL 33043

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: TIM KELLY

PRES

01/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date