


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90278 031 ***150.00

DOCUMENT # P05000011846

1. Entity Name
KELLEY FAMILY MEDICINE, PA



Principal Place of Business Mailing Address
515 WEST STATE ROAD 434 SUITE 306 **515 WEST STATE ROAD 434 SUITE 306**
LONGWOOD, FL 32750 **LONGWOOD, FL 32750**


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

60027544



03072006 Chg-P CR2E034 (11/05)

4. FEI Number
65-1239182 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KELLEY, THGOMAS R
515 WEST STATE ROAD 434 SUITE 306
LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

Name **Sakowski, Deana**

Street Address (P.O. Box Number is Not Acceptable)
515 West State Road 434

Suite 306

City **Longwood** **FL** Zip Code **32750**

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: *Deana Sakowski* **Deana Sakowski, Practice Administrator** **4/10/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KELLEY, THOMAS R 515 WEST STATE ROAD 434 SUITE 306 LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: *Thomas R. Kelley* **Thomas R. Kelley** **4/10/06** **407-767-8500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #