

# 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  
**515 WEST STATE ROAD 434 SUITE 306  
LONGWOOD, FL 32750**

Mailing Address  
**515 WEST STATE ROAD 434 SUITE 306  
LONGWOOD, FL 32750**

**60027544**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, THOMAS 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 reinstating)

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 **DP** ☐ Delete  
NAME **KELLEY, THOMAS R**  
STREET ADDRESS **515 WEST STATE ROAD 434 SUITE 306**  
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #