

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011846

FILED
Apr 20, 2007
Secretary of State

Entity Name: KELLEY FAMILY MEDICINE, PA

Current Principal Place of Business:

515 WEST STATE ROAD 434 SUITE 306
LONGWOOD, FL 32750

New Principal Place of Business:

515 WEST STATE ROAD 434
SUITE 306
LONGWOOD, FL 32750

Current Mailing Address:

515 WEST STATE ROAD 434 SUITE 306
LONGWOOD, FL 32750

New Mailing Address:

515 WEST STATE ROAD 434
SUITE 306
LONGWOOD, FL 32750

FEI Number: 65-1239182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAKOWSKI, DEANA
515 WEST STATE ROAD 434 SUITE 306
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

SAKOWSKI, DEANA
515 WEST STATE ROAD 434
SUITE 306
LONGWOOD, FL 32750 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: _____

Electronic Signature of Registered Agent

04/20/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KELLEY, THOMAS R
Address: 515 WEST STATE ROAD 434 SUITE 306
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS R. KELLEY

DP

04/20/2007

Electronic Signature of Signing Officer or Director

Date