

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011846

FILED
Apr 30, 2010
Secretary of State

Entity Name: KELLEY FAMILY MEDICINE, PA

Current Principal Place of Business:

587 E. SR 434
SUITE 1071
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

587 E. SR 434
SUITE 1071
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 65-1239182 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KELLEY, TINA
587 E. SR 434
SUITE 1071
LONGWOOD, FL 32750 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR
Name: KELLEY, THOMAS R
Address: 587 E. SR 434 SUITE 1071
City-St-Zip: LONGWOOD, FL 32750

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: THOMAS R. KELLEY

DR.

04/30/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date