

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011846

FILED  
Jul 21, 2011  
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

**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: TINA KELLEY

RA

07/21/2011

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

\_\_\_\_\_ Date