

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 MAY 1995 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000008735 (2)**

1. Corporation Name

THE KELLEY MEDICAL GROUP, INC.

Principal Place of Business

Mailing Address

**618 HITCHING POST DRIVE
BRANDON FL 33511**

**618 HITCHING POST DRIVE
BRANDON FL 33511**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/03/1992

3a. Date of Last Report
07/01/1994

4. FEI Number
59-3161496

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for interstate tax under a 1987 U.S.
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt. #, etc.

State Apt. #, etc.

22

27

City & State

City & State

23

28

Age

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KELLEY, JAMES F
618 HITCHING POST DRIVE
BRANDON FL 33511**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.01 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am hereby sworn and accept this appointment in accordance with Florida Statutes.

SIGNATURE

(Signature of the person who is the registered agent or the corporation's board of directors)

(Signature of the person who is the registered agent or the corporation's board of directors)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	P
NAME	KELLEY, JAMES F
STREET ADDRESS	618 HITCHING POST DRIVE
CITY & STATE	BRANDON FL 33511
12.2	ST
NAME	KELLEY, REBECCA S
STREET ADDRESS	618 HITCHING POST DRIVE
CITY & STATE	BRANDON FL 33511
12.3	
NAME	
STREET ADDRESS	
CITY & STATE	
12.4	
NAME	
STREET ADDRESS	
CITY & STATE	
12.5	
NAME	
STREET ADDRESS	
CITY & STATE	

13.1	☐ Change ☐ Addition
13.2	☐ Change ☐ Addition
13.3	☐ Change ☐ Addition
13.4	☐ Change ☐ Addition
13.5	☐ Change ☐ Addition
13.6	☐ Change ☐ Addition
13.7	☐ Change ☐ Addition
13.8	☐ Change ☐ Addition
13.9	☐ Change ☐ Addition
13.10	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing was voluntarily furnished and checked and qualify for the exemption stated in Section 119.02(9)(b), Florida Statutes. I further certify that the information is not provided as the annual report or supplemental annual report or in any other way 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 registered or transfer agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. I am an attachment with an address.

SIGNATURE:

Rebecca S. Kelley, ST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

5-11-95 813-689-1888
(Telephone Number)