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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9200008735 (2)

THE KELLEY MEDICAL GROUP, INC.

Principal Place of Business Mailing Address 618 HITCHING POST DRIVE 618 HITCHING POST DRIVE							·				
BRANDON FL	33511		RANDON FL 33511					Date incorporated or Qualified 12/03/1992	1	of Last Report //16/1995	
2. Principal Pla	ace of Business	2a.	Mailing Address					4. FEI Number		Applied For	
21		26	"1					59-3161496 Not Applicable			
Suite, Apt a	#, etc.	F: -1	Suite Apt #, etc					5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State			City & State				6. Election Campaign Financing		\$5.00 May Be		
23		28	28				Trust Fund Contribution		Added to Fees		
Zip	Country		Ziju	Cc	untry	,		8. This corporation has liability for	intang ble ta	x under s. 199.032,	
24	25	29	29 30				Florida Statutes Yes No				
	9. Name and Address of Curren	t Regist	tered Agent					10. Name and Address of New F	legistered .	Agent	
					81	Na	יורים				
KELLEY, JAMES F					82	St	reet Addres	ss (P.O. Box Number is Not Acceptat	ole)		
618 HITCHING POST DRIVE				. 8				····			
BRANDO	ON FL 33511										
					84	Ci	ty			85 Zip Code	
44.5	TT 100 TT		ramoran y al vy			l			FL		
or register	o the provisions of Sections 607,0502 ed agent, or both, in the State of Floric	rand buz da Such	r. 1596, Florida Statute - change was authorize	es, the at ed by the	ove r corp	namo xorat:	on's board	on submits this statement for the puriof directors. Thereby accept the app	rpose of cha ointment as	inging its registered office i registered agent. Lam	
familiar wit	in, and accept the obligations of Secti	ion 607.t	J505, Florida Statutes	•							
SIGNATURE .	JAMES F. KELLEY, P.	KEST	DENT.	ta Szeresa	. 1 5			Shari for stating	7-1-9	0	
12.	OFFICERS AND			I 13		. 7.3		ADDITIONS/CHANGES TO OFF		DIRECTORS IN 12	
TITLE	Р -			1 1	1 1 FITLE					Change Addition	
NAME	KELLEY, JAMES F				NAME	ŧ l					
STREET ADDRESS	A 4 A 1 1990 A 1911 A 1910 A 1				1.3 STREET ADDRESS		¥655				
City-ST-ZiP	BRANDON FL 33511			1.4 CHTY ST-ZIF							
TITLE	ST		DELFTE		2.1 100 (Change Addition	
NAME	KELLEY, REBECCA S			22N		2.2 NAME					
STREET ADDRESS			2.3 STREET ADD		LADDA	KESS .					
CITY-ST-ZIP			3 4 CHY+ ST+ 216								
TITLE	☐ DELETE 3		3 1 10101				[Change Addition			
NAME				3.2	NAMé	1					
STREET ADDRESS				3.3	STREE	LADO	RESS				
CITY - ST - ZIP			3 4 C/N - ST - Z/F					30			
TITLE	☐ DELETE			4 1 1/LF			10000185 -07/12/96010	324	Strange		
NAME CONTRACTOR			4.2 NA		NAME I STREET ADDRESS				J67D	17	
STHEET ADDRESS							Ì	***225 . 00			
CITY-ST ZIP				4.4.C-TY - ST - Z(P) 5.1.T-TLF		·		Г	Change Addition		
NAME			_ serie		NAME				-	1	
STREET ADDRESS				NAME STREET	LADDA	BESS			ab		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this animal report or supplemental annual 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.1 changes, or on an attachment with an address.

6 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

CHY-ST-ZIP THILE

STREET ADDRESS

CITY - ST - ZIP

NAME

Schero De Printed Name of Signing Office of Original Control of Signing Office of Original Control

[] DELETE

7-1-96 813-689-1888

____ Addition