

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000000908

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** MICHAEL T. KELLY, D. M. D., P. A.

**Current Principal Place of Business:**

1025 S. VOLUSIA AVE.  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**Current Mailing Address:**

1025 S. VOLUSIA AVE.  
ORANGE CITY, FL 32763

**New Mailing Address:**

10873 EAST VIA CORTANA RD  
SCOTTSDALE, AZ 85262

**FEI Number:** 59-3220715

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KELLY, MICHAEL T  
1025 S. VOLUSIA AVE.  
ORANGE CITY, FL 32763 US

**Name and Address of New Registered Agent:**

KELLY, MICHAEL T  
10873 E VIA CORTANA RD  
SCOTTSDALE, FL 85262 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:** MICHAEL T KELLY

04/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** KELLY, MICHAEL T.  
**Address:** 10873 E VIA CORTANA RD  
**City-St-Zip:** SCOTTSDALE, AZ 85262

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:** MICHAEL T KELLY

PST

04/04/2011

Electronic Signature of Signing Officer or Director

Date