SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. MOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



appears in Block 12 or Block 18 if changed or on an attachment with an address.

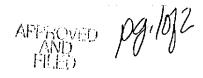
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000073024 (7)

PATRICK J. KELLY, M.D., P.A.



97 AUG 25 PH 12: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place	e of Business	Mailing Address			
205 CHERRY		205 CHERRY STREET	_		
NEPTUNE BEA	ACH FL 32266	NEPTUNE BEACH FL 3228	6	80.1107111075	
				DO NOT WRITE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
				3. Date Incorporated or Qualified	3a. Date of Last Report
	·			09/04/1996	
2. Principal Pl	ace of Business	2a. Mailing Address	- 46	4. FEI Number 294129	Applied For
21 724	NE 8th AJE	26 724 WE	8th AJE	59 3398638	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		b. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 (SAIN)	Blue FLORIDA	28 GAINBUILE	Proprior	Trust Fund Contribution	☐ Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pai	d the current year Intangible
24 3000	1 25 054	29 32601 3	50 UYA	Personal Property Tax due June	
	g. Name and Address of Current			1 10. Name and Address of New Reg	
KFI	LLÝ, PATRICK J		81 Name	01	
	CHERRY STREET			PATRICK J KEW	
	PTUNE BEACH FL 32266		82 Street Ad	ldress (P.O. Box Number is Not Acceptable	(e)
NEI	FIUNE DEACH FL 32200		99	724 NE 840 AUE	
*			83		
			84 City	·	■■ 85 Zip Code
			(4	IAMESUILLE	FL 32601
11. Pursuant t	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	s, the above-named co	prporation submits this statement for the pr	urpose of changing its registered
office or re	egistered agent, or both, in the State of	of Florida, Such change was au ions of Socilor 607,0505, Elori	ithorized by the corpor	ration's board of directors. I hereby accep	t the appointment as registered
agent. I am familiar with, and accept the opligations of Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registral gran	and two if applitude. (NOTE:	Registered Agent signature rec	mired when rejectation)	7(30)77
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PSTD	DELETE	1.1 TITLE	PSTD	Change Addition
	KELLY, PATRICK J	- otten		Al Market	Les onunge.
NAME	205 CHERRY STREET		1.2 NAME	COM	:
STREET ADDRESS			1.3 STREET ADDRESS	724 NE STE AVE	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		1.4 CITY - ST - ZIP	GAINESVILLE FLURIDA ?	1401
TITLE		☐ DELETE	2.1 TITLE		L. Change L. Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	Same figure stands from stands stands stands same	Change Addition
NAME			3.2 NAME	9000022	
STREET ADDRESS			3.3 STREET ADDRESS	****165	1 01000 000
				市市市 ₹100	.00 ****165.00
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE		ש טנננונ	4.1 Title		
NAME]			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITL E		Change Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS	A	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	() /////	ا
TITLE		DELETE	6.1 TITLE	(). Alau 8/25/	Change Addition
·		VILLE PROCES		017/1	22
NAME			6.2 NAME	0/00/	/ 7
STREET ADDRESS			6.3 STREET ADDRESS	(/	
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I do hereb	by cert ify that the information supplied n indicated on this appual report or su	with this filing does not qualify polemental annual report is true	tor the exemption stat	ed in Section 119.07(3)(i), Florida Statutes	. I further certify that the
information indicated on this ennual 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name					

pg. 2012

TRIPLE / Income Tax Service / Financial & Insurance Services / Accounting & Bookkeeping Services

320 Osceola Avenue Jacksonville Beach, FL 32250 Phone 904/241-2533 Fax: 904/241-1604

PATRICK J. KELLY, M.D., P.A. 724 NE 8TH AVENUE GAINESVILLE, FLORIDA 32601

Date August 14, 1997

Annual Report Filings
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re:

Profit Corporation Annual Report Filing

Doc # p96000073024

Dear Madam or Sir:

I am writing this letter on behalf of the above referenced Corporation.

Please find the Second Notice for the above shown report and payment for \$165.00. Dr. Kelly is a doctor in residence assigned to the University of Florida,s teaching hospitals. He never received the first Annual Report Notice as he had been reassigned from University Hospital, in Jacksonville, Florida to Gainesville, Florida. Although he had made arrangements for his mail to be forwarded, it has come apparent that not all made its way to the new address. We request that the late filing penalty be abated, Dr. Kelly is a first time filer and did not know what forms would be forwarded to him. As such he did not know to question the non receipt of the Annual Report.

Thank you for your prompt attention and fconsideration in this matter.

Sincerely,

William J. Mangine III, EA