

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


APPROVED
AND
FILED

pg. 1 of 2

97 AUG 25 PM 12: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000073024 (7)**

1. Corporation Name
PATRICK J. KELLY, M.D., P.A.

Principal Place of Business

**205 CHERRY STREET
NEPTUNE BEACH FL 32266**

Mailing Address

**205 CHERRY STREET
NEPTUNE BEACH FL 32266**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/04/1996** 3a. Date of Last Report

4. FEI Number **59 3398639** 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 724 NE 8th AVE	26 724 NE 8th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 GAINESVILLE FLORIDA	28 GAINESVILLE FLORIDA
Zip	Zip
24 32601	29 32601
Country	Country
25 USA	30 USA


9. Name and Address of Current Registered Agent

**KELLY, PATRICK J
205 CHERRY STREET
NEPTUNE BEACH FL 32266**

10. Name and Address of New Registered Agent

81 Name	PATRICK J KELLY
82 Street Address (P.O. Box Number is Not Acceptable)	724 NE 8th AVE
83	
84 City	GAINESVILLE
85 State	FL
86 Zip Code	32601

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **7/30/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, PATRICK J	1.2 NAME	Kelly PATRICK J
STREET ADDRESS	205 CHERRY STREET	1.3 STREET ADDRESS	724 NE 8th AVE
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	1.4 CITY-ST-ZIP	GAINESVILLE FLORIDA 32601
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	3000002278383-13
STREET ADDRESS		3.3 STREET ADDRESS	08/27/97-01060-008
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (4/97)



✓ 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 consideration in this matter.

Sincerely,


William J. Mangine III, EA