PROFIT CORPORATION ANNUAL RÉPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # | P96000073024 |
|--------------------|---------------|
| 1. Compretion Name | , 000000,000. |

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

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90147 027 ***150.00



Mailing Address Principal Place of Business 724 N.E. 8TH AVENUE 724 N.E. 8TH AVENUE GAINESVILLE FL 32601 GAINESVILLE FL 32601 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/04/1996 2a. Mailing Address Applied For 2. Principal Place of Business 4. FEI Number Not Applicable 59-3398638 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Country Zip This corporation owes the current year Intangible Zip ΪΝο ☐ Yes 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KELLY, PATRICK J Street Address (P.O. Box Number is Not Acceptable) 82 724 N.E. 8TH AVE. GAINESVILLE FL 32601 83 Zip Code 85 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Change ☐ DELETE 1.1 TITLE **PSTD** TITLE 1.2 NAME KELLY, PATRICK J NAME 724 N.E. 8TH AVE. 1.3 STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32601 1,4 CITY-ST-ZIF CITY-ST-ZIP DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE 2,2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2, 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 31 TITLE TITLE 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 41 TITLE TITLE NAME 4,3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352 379 3394

CR2E034 (11/98)