

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996. AMOUNT DUE ON OR BEFORE 8/9/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375)

APPROVED AND FILED

95 JUL -5 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S95189 (4)

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

Principal Place of Business: **1681 SW SAVAGE BLVD. #101 PORT ST. LUCIE FL 34953**
Mailing Address: **1681 SW SAVAGE BLVD. #101 PORT ST. LUCIE FL 34953**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/18/1991	3a. Date of Last Report 02/18/1994
4. FEI Number 65-0312080	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199(3)(a), Florida Statutes <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

9. Principal Place of Business 21. State Apt # etc 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. State, Apt # etc 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KELLY, DR. PATRICK A. 1681 SW SAVAGE BLVD., #104 PORT ST. LUCIE FL 34953	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607 (6)(2) and 607 (15)(9), 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 (6)(9), Florida Statutes.

SIGNATURE _____ (Name of Registered Agent separate from that of corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	12.2 NAME	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	KELLY, PATRICK A. 1519 SW APRICOT RD. PORT ST. LUCIE FL		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and that it fully complies with the requirements stated in Section 110 (7)(3)(B), Florida Statutes. I further certify that the information is true and correct as far as I know and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or liquidator (appointed to oversee the report as required by Chapter 607, Florida Statutes) and that my name appears in Part 12 or Part 13 of this report or as an attachment with an address.

SIGNATURE: *Patrick Kelly, DVM*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patrick Kelly, DVM
 6-30-95
 President

336-8111

CR2E034 (3-95)