

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011846

Entity Name: KELLEY FAMILY MEDICINE, PA

Current Principal Place of Business:

587 E. SR 434
SUITE 1071
LONGWOOD, FL 32750

Current Mailing Address:

100 POINT VIEW LANE
LONGWOOD, FL 32779 US

FEI Number: 65-1239182

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KELLEY, TINA L.
587 E. SR 434
SUITE 1071
LONGWOOD, FL 32750 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: TINA L. KELLEY

04/14/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DR
Name KELLEY, THOMAS R
Address 587 E. SR 434 SUITE 1071
City-State-Zip: LONGWOOD FL 32750

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: THOMAS KELLEY

OFFICER

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date