

**2015 FLORIDA PROFIT CORPORATION REINSTATEMENT**

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

06/19/2015

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:** DR. THOMAS R. KELLEY

STOCKHOLDER

06/19/2015

Electronic Signature of Signing Officer/Director Detail

Date