

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000053107

Entity Name: PATRICK J. KELLY, M.D., J.D., P.L.

Current Principal Place of Business:

3599 UNIVERSITY BLVD S
#1200
JACKSONVILLE, FL 32216

Current Mailing Address:

PO BOX 350277
JACKSONVILLE, FL 32235 US

FEI Number: 26-0202811

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KELLY, PATRICK J
3599 UNIVERSITY BLVD S
#1200
JACKSONVILLE, FL 32216 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name KELLY, PATRICK
Address PO BOX 350277
City-State-Zip: JACKSONVILLE FL 32235

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICK KELLY

MGR

01/13/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date