

FILE NOW: FILING FEE IS \$61.25

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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N36293 (1)
1. Corporation Name
FLORIDA KEYS AREA HEALTH EDUCATION CENTER PROGRA
M, INC.



Principal Place of Business Mailing Address
8901 OVERSEAS HWY MARATHON FL 33050 US
8901 OVERSEAS HWY MARATHON FL 33050-3250 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/25/1990		3a. Date of Last Report 04/22/1996	
21				4. FEI Number 65-0183810		Applied For Not Applicable	
22. Suite, Apt. #, etc.		22a. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		23a. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip		24a. Country		24b. Zip		24c. Country	
25		25a		25b		25c	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent
JOUBERT, MARY
8901 OVERSEAS HWY
MARATHON FL 33050

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD ROGERS, CAROL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD Debra Walker, Ph.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5900 JUNIOR COLLEGE RD.		1.2 NAME	68 Bahama Ave.	
STREET ADDRESS	KEY WEST FL 33040		1.3 STREET ADDRESS	Key Largo, FL 33037	
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
TITLE	CD DOOLEY, COLEEN	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD David Rice, Ph.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5901 W. COLLEGE RD.		2.2 NAME	3000 41st street	
STREET ADDRESS	KEY WEST FL 33040		2.3 STREET ADDRESS	Marathon, FL 33050	
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE	SD TRIBBLE, RICK	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	3D Ron Herron	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONROE CO. DETENTION CTR - 5501 COLLEGE RD		3.2 NAME	P.O. Box 4374 N/A	
STREET ADDRESS	KEY WEST FL 33040		3.3 STREET ADDRESS	Key West, FL 33040	
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	TD TAVERNIER, PATRICE	<input type="checkbox"/> DELETE	4.1 TITLE	PD Patrice Tavernier	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3301 OVERSEAS HWY		4.2 NAME	3301 Overseas Hwy	
STREET ADDRESS	MARATHON FL		4.3 STREET ADDRESS	Marathon, FL 33050	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	ED JOUBERT, MARY	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8901 OVERSEAS HWY		5.2 NAME		
STREET ADDRESS	MARATHON FL		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary C. Joubert DATE: Jan. 17, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024808

CR2E037 (9/96)