

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # N36293**

1. Corporation Name

FLORIDA KEYS AREA HEALTH EDUCATION CENTER PROGRA M. INC.

Principal Place of Business 8901 OVERSEAS HWY

Mailing Address

8901 OVERSEAS HWY

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90300 006 \*\*\*\*61.25



MARATHON FL US	33050	MARATHON FL 33050 US			1 1801/191			
Principal Place of Business     2a. Mailing Address 26					3. Date Incorporated or Qualifed 01/25/1990			
Suite, Apt.	# etc.	Suite, Apt. #, etc.			4. FEI Number		plied For	
22		27			65-0183810	No	t Applicable	
City & State	9	City & State					Additional	
23		28	<del></del>		A COMMENT OF CHARLES OF CHARLES	Fee Re	quired	
Zip	Country				1 1 1		May Be	
24	25	29 30	<u>)                                     </u>		Trust Fund Contribution Added to Fees			
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Age	ent		
	•		, O1	Name				
JOUBERT, MARY			82	Street	Address (P.O. Box Number is Not Acceptable)			
8901 OVERSEAS HWY				ļ				
MARATHO	N FL 33050 '		83	<u> </u>	·		ļ	
			84	City	FL <sup>1</sup>	35 Zip (	Code	
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					DATE			
	Signature, typed or printed name of registered agent		gistered Ager	nt signature n	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTO	RS IN 12	
12.	OFFICERS AND	DELETE	1.1 TITLE			] Change	Addition	
TITLE	TD RICE, DAVID PH.D.	Doctor	1.2 NAME		Rice, David Ph.D		_	
NAME	3000 41ST STREET			T ADDRESS	3000 41st Street		1	
STREET ADDRESS	MARATHON FL 33050		1.4 CITY-S		Marathon, FL 33050		-	
CITY-ST-ZIP TITLE	CD. Track!	₩ DELETE	2.1 TITLE	1-ZIF	SD X	] Change	Addition	
NAME	WALKER, DEBRA PH.D.		ري			_	1	
STREET ADDRESS	68 BAHAMA AVENUE				Cottrell, Cheryl 91500 Overseas Highway			
			2.4 CITY-ST-ZIP Ta		Tavernier, FL 33070			
CITY-ST-ZIP	SD. DELETE			- · · ·	TD E	] Change	☐ Addition	
NAME	••		3.2 NAME				1	
STREET ADDRESS	AIDS HELP-P.O. BOX 4374		3.3 STREE	TADDRESS	P.O. Box 9052		1	
CITY-ST-ZIP	KEY WEST FL 33041		3.4. CITY-5		Key West, FL 33040			
TITLE			4.1 TITLE			Change	☐ Addition	
NAME	TAVERNIER, PATRICE		4. 2 NAME				Ì	
STREET ADDRESS	3301 OVERSEAS HWY		4.3 STREE	TADDRESS			1	
CITY-ST-ZIP	MARATHON FL 33050		4.4 CITY-S	T-ZIP				
TITLE	ED	☐ DELETE	5.1 TITLE			] Change	☐ Addition	
NAME .	JOUBERT, MARY		5.2 NAME		,		ĺ	
STREET ADDRESS	8901 OVERSEAS HWY		5.3 STREE	TADDRESS			ļ	
CITY-ST-ZIP	MARATHON FL		5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			] Change	☐ Addition	
NAME	;	•	6.2 NAME		,		.[	
STREET ADDRESS			6.3 STREE	TADDRESS				
CITY_ST_7IP			6.4 CITY-S	T-ZIP	·		-	

I 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, with all other like empowered.

SIGNATURE REQUIRMAD Joubert SIGNATURE:

4/15/99 (305) 743-7111

Date