

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N36293

FILED  
Apr 26, 2002 8:00 AM  
Secretary of State

Entity Name: FLORIDA KEYS AREA HEALTH EDUCATION CENTER PROGRAM, INC.

**Current Principal Place of Business:**

9713 OVERSEAS HIGHWAY  
MARATHON, FL 33050 US

**New Principal Place of Business:**

**Current Mailing Address:**

9713 OVERSEAS HIGHWAY  
MARATHON, FL 33050 US

**New Mailing Address:**

FEI Number: 65-0183810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOUBERT, MARY  
9713 OVERSEAS HIGHWAY  
MARATHON, FL 33050 US

**Name and Address of New Registered Agent:**

DAVID, HORAN  
608 WHITEHAD STREET  
KEY WEST, FL 33040 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: DAVID HORAN

04/26/2002

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: RICE, DAVID D PH  
Address: 3000 41ST STREET  
City-St-Zip: MARATHON, FL 33050

Title: SD ( ) Delete  
Name: COTTRELL, CHERYL  
Address: 91500 OVERSEAS HIGHWAY  
City-St-Zip: TAVERNIER, FL 33070

Title: TD ( ) Delete  
Name: ALFORD, S.P. CDR  
Address: P.O. BOX 9052  
City-St-Zip: KEY WEST, FL 33040

Title: PD (X) Delete  
Name: PUTO-MURRAY, CHRISTINE  
Address: 2945 OVERSEAS HIGHWAY  
City-St-Zip: MARATHON, FL 33050

Title: ED (X) Delete  
Name: JOUBERT, MARY  
Address: 9713 OVERSEAS HIGHWAY  
City-St-Zip: MARATHON, FL 33050

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: RICE, DAVID D PH  
Address: 3000 41ST STREET  
City-St-Zip: MARATHON, FL 33050

Title: SD (X) Change ( ) Addition  
Name: SONDRRA, FUCHS D  
Address: 91500 OVERSEAS HIGHWAY  
City-St-Zip: TAVERNIER, FL 33070

Title: PD (X) Change ( ) Addition  
Name: CHARLA, RODRIGUEZ D  
Address: 1111 12TH STREET  
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLA RODRIGUEZ

P

04/26/2002

Electronic Signature of Signing Officer or Director

Date