

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 03, 2004  
Secretary of State**

DOCUMENT# N36293

Entity Name: FLORIDA KEYS AREA HEALTH EDUCATION CENTER, 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:**

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

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GRAY, SUSAN PH.D.ED  
Address: 89389 STATE ROAD 4-A  
City-St-Zip: TAVERNIER, FL 33070

Title: VD ( ) Delete  
Name: BASSETT, KIM  
Address: 5900 COLLEGE ROAD  
City-St-Zip: KEY WEST, FL 33040

Title: SD ( ) Delete  
Name: WALKER, DEBRA PH.D  
Address: 68 BAHAMA AVENUE  
City-St-Zip: KEY LARGO, FL 33037

Title: TD ( ) Delete  
Name: JOE, BARKER  
Address: 1304 TRUMAN AVENUE  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: MICHAEL, CUNNINGHAM  
Address: 9713 OVERSEAS HIGHWAY  
City-St-Zip: MARATHON, FL 33050

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

Title: PD (X) Change ( ) Addition  
Name: BASSETT, KIM  
Address: 5900 COLLEGE ROAD  
City-St-Zip: KEY WEST, FL 33040

Title: VD (X) Change ( ) Addition  
Name: WALKER, ROBERT  
Address: 1434 KENNEDY DRIVE  
City-St-Zip: KEY WEST, FL 33040

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

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: MICHAEL CUNNINGHAM

D

05/03/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date