

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36293

FILED  
Apr 20, 2011  
Secretary of State

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

**Current Principal Place of Business:**

5800 OVERSEAS HIGHWAY  
SUITE #38  
MARATHON, FL 33050 US

**New Principal Place of Business:**

**Current Mailing Address:**

5800 OVERSEAS HIGHWAY  
SUITE #38  
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:**

GREENMAN, FRANKLIN  
5800 OVERSEAS HWY  
SUITE # 40  
MARATHON, FL 33050 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  
Name: DEMOSS, MARLO  
Address: 164 JASMINE STREET  
City-St-Zip: TAVERNIER, FL 33070

Title: VD  
Name: MERRILL RASCHEIN, HOLLY  
Address: 714 BARCELONA ROAD  
City-St-Zip: KEY LARGO, FL 33037

Title: SD  
Name: TONER, IRENE  
Address: 243 BUTTONWOOD DRIVE  
City-St-Zip: KEY LARGO, FL 33037

Title: TD  
Name: WALKER, ROBERT  
Address: 1218 16TH TERRACE  
City-St-Zip: KEY WEST, FL 33040

Title: D  
Name: MICHAEL, CUNNINGHAM  
Address: 5800 OVERSEAS HIGHWAY, STE #38  
City-St-Zip: MARATHON, FL 33050

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 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 all other like empowered.

SIGNATURE: MICHAEL CUNNINGHAM

D

04/20/2011

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

\_\_\_\_\_  
Date