

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N36293

FILED
Aug 14, 2003
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:

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: TD (X) Delete
Name: KUHN, GREGORY CAPTAIN
Address: NAVAL BRANCH MEDICAL CLINIC
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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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

08/14/2003

Electronic Signature of Signing Officer or Director

Date