

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000003412

**Entity Name:** THE KEYS HEALTHCARE ASSISTANCE FOUNDATION, CORP.**Current Principal Place of Business:**1111 12TH ST., STE. 413  
KEY WEST, FL 33040**Current Mailing Address:**1111 12TH ST., STE. 413  
KEY WEST, FL 33040 US**FEI Number: 82-5008846****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title DIRECTOR, TREASURER  
Name REYNOLDS, ANN  
Address 1111 12TH ST., STE. 413  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name BURD, RON  
Address 1111 12TH ST., STE. 413  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name GROSS, JODY  
Address 1111 12TH ST., STE. 413  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR, PRESIDENT  
Name COVINGTON, JEROME DR.  
Address 1111 12TH ST., STE. 413  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR, SECRETARY  
Name SCHENK, LARRY REV.  
Address 1111 12TH ST., STE. 413  
City-State-Zip: KEY WEST FL 33040

*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: JEROME COVINGTON, M.D.****DIRECTOR****04/30/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date