ATURE:	
	Electronic Signature of Signing Officer/Director Detail

Name	CORDELL, JAMES	Name	CUNNINGHAM, MICHAEL
Address	91500 OVERSEAS HIGHWAY	Address	5800 OVERSEAS HIGHWAY, STE #38
City-State-Zip:	TAVERNIER FL 33070	City-State-Zip:	MARATHON FL 33050
Title Name	DIRECTOR, CHAIRMAN	Title Name	DIRECTOR ROBY, MARK
Address	MYERS, BRITT 714 OLIVIA ST, #10	Address	5901 W. COLLEGE ROAD
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33040
Title	DIRECTOR	Title	DIRECTOR
Name	LINCOLN, MICHELLE	Name	CRANNEY, JESSICA
Address	5800 OVERSEAS HIGHWAY SUITE #38	Address	46 6TH AVENUE
		City-State-Zip:	KEY WEST FL 33040
City-State-Zip:	MARATHON FL 33050		
Title	DIRECTOR	Title	DIRECTOR
		Name	STEVENS, PATRICK

Name and Address of Current Registered Agent:

CUNNINGHAM, MICHAEL 5800 OVERSEAS HWY **SUITE # 38**

Officer/Director Detail :

DIRECTOR

Title

Name

Address

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.

5800 OVERSEAS HIGHWAY SUITE #38 MARATHON, FL 33050	
Current Mailing Address:	

5800 OVERSEAS HIGHWAY MARATHON, FL 33050 US

SUITE #38

С

FEI Number: 65-0183810

Electronic Signature of Registered Agent

MARATHON, FL 33050 US

SIGNATURE: MICHAEL CUNNINGHAM 05/23/2024

Title

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

Address

City-State-Zip:

Continues on page 2

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL	
<u>REPORT</u>	

DOCUMENT# N36293

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

Current Principal Place of Business:

May 23, 2024

Date

Certificate of Status Desired: No

CEO

05/23/2024

FISCAL MANAGER

214 ANGLERS DRIVE S

MARATHON FL 33050

FILED Secretary of State 6092631489CC

SIGNATURE: TIMOTHY KPOU

MCPHERSON, CHRISTINA

240 TRUMBO RD

City-State-Zip: KEY WEST FL 33040

above, or on an attachment with all other like empowered.

Officer/Director Detail Continued :

Title	DIRECTOR	Title	FISCAL MANAGER
Name	DELOACH, KATE	Name	KROLL, TIMOTHY
Address	120 SUNRISE DRIVE	Address	5800 OVERSEAS HIGHWAY
City-State-Zip:	TAVERNIER FL 33070		SUITE #38
		City-State-Zip:	MARATHON FL 33050