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

DIRECTOR

#### SIGNATURE:

City-State-Zip: MARATHON FL 33050

Electronic Signature of Signing Officer/Director Detail

# 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N36293

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

## **Current Principal Place of Business:**

5800 OVERSEAS HIGHWAY SUITE #38 MARATHON, FL 33050

# **Current Mailing Address:**

5800 OVERSEAS HIGHWAY **SUITE #38** MARATHON, FL 33050 US

# FEI Number: 65-0183810

## Name and Address of Current Registered Agent:

GREENMAN, FRANKLIN 5800 OVERSEAS HWY SUITE # 41 MARATHON, FL 33050 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

#### **Officer/Director Detail :**

	Title	PD	Title	VD
	Name	MERRILL RASCHEIN, HOLLY	Name	GREENMAN, FRANKLIN
	Address	714 BARCELONA ROAD	Address	5800 OVERSEAS HIGHWAY, STE #41
	City-State-Zip:	KEY LARGO FL 33037	City-State-Zip:	MARATHON FL 33050
	Title	SD	Title	TD
	Name	CORDELL, JAMES	Name	MAUCK, LYNN
	Address	91500 OVERSEAS HIGHWAY	Address	3301 OVERSEAS HIGHWAY
	City-State-Zip:	TAVERNIER FL 33070	City-State-Zip:	MARATHON FL 33050
	Title	D		
	Name	MICHAEL, CUNNINGHAM		
	Address	5800 OVERSEAS HIGHWAY, STE #38		

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

Date

Certificate of Status Desired: No

FILED Mar 24, 2015 Secretary of State CC9683709004

> 03/24/2015 Date