

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36293

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

**FILED**  
**Apr 25, 2013**  
**Secretary of State**  
**CC9808006248**

**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**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GREENMAN, FRANKLIN  
5800 OVERSEAS HWY  
SUITE # 40  
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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title VD  
Name GREENMAN, FRANKLIN  
Address 5800 OVERSEAS HIGHWAY, STE #40  
City-State-Zip: MARATHON FL 33050

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

Title TD  
Name MAUCK, LYNN  
Address 3301 OVERSEAS HIGHWAY  
City-State-Zip: MARATHON FL 33050

Title D  
Name MICHAEL, CUNNINGHAM  
Address 5800 OVERSEAS HIGHWAY, STE #38  
City-State-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**

**DIRECTOR**

**04/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date