2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:

CUNNINGHAM, MICHAEL 5800 OVERSEAS HWY **SUITE # 38** 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	: MICHAEL CUNNINGHAM	04/10/2018		
	Electronic Signature of Registered Agent		Date	
Officer/Direc	tor Detail :			
Title	DIRECTOR	Title	DIRECTOR, VC	
Name	GREENMAN, FRANKLIN	Name	CORDELL, JAMES	
Address	5800 OVERSEAS HIGHWAY, STE #41	Address	91500 OVERSEAS HIGHWAY	
City-State-Zip:	MARATHON FL 33050	City-State-Zip:	TAVERNIER FL 33070	
Title	DIRECTOR	Title	CEO	
Name	MAUCK, LYNN	Name	CUNNINGHAM, MICHAEL	
Address	3301 OVERSEAS HIGHWAY	Address	5800 OVERSEAS HIGHWAY, STE #38	
City-State-Zip:	MARATHON FL 33050	City-State-Zip:	MARATHON FL 33050	
Title	DIRECTOR, TREASURER	Title	DIRECTOR, SECRETARY	
Name	BRIDGES, JACK	Name	KASPERSKI, MICHAEL	
Address	99228 OVERSEAS HWY	Address	5900 COLLEGE RD	
City-State-Zip:	KEY LARGO FL 33037	City-State-Zip:	KEY WEST FL 33040	
Title	DIRECTOR	Title	DIRECTOR	
Name	DRAKE, JAMES	Name	MYERS, BRITT	
Address	240 TRUMBO RD	Address	714 OLIVIA ST, #10	
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33040	

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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.

04/10/2018 SIGNATURE: FRANKLIN GREENMAN DIRECTOR

Electronic Signature of Signing Officer/Director Detail

FILED Apr 10, 2018 Secretary of State CC3903032726

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	NEIDITZ, CHARLES	Name	ROBY, MARK
Address	7730 GULFSTREAM BLVD	Address	5901 W. COLLEGE ROAD
City-State-Zip:	MARATHON FL 33050	City-State-Zip:	KEY WEST FL 33040