

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J73984

**FILED**  
**Feb 24, 2015**  
**Secretary of State**  
**CC6951380098**

**Entity Name:** VEN-A-CARE OF THE FLORIDA KEYS, INC.

**Current Principal Place of Business:**

615 1/2 DUVAL STREET  
UNIT 4  
KEY WEST, FL 33040

**Current Mailing Address:**

615 1/2 DUVAL STREET  
UNIT 4  
KEY WEST, FL 33040 US

**FEI Number:** 59-2768504

**Certificate of Status Desired:** No

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

JONES, TERRY M  
615 1/2 DUVAL STREET  
UNIT 4  
KEY WEST, FL 33040 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 SD  
Name LOCKWOOD, JOHN M  
Address 615 1/2 DUVAL STREET  
City-State-Zip: KEY WEST FL 33040

Title PD  
Name JONES, MARK T  
Address 615 1/2 DUVAL STREET  
City-State-Zip: KEY WEST FL 33040

Title VPD  
Name COBO, LUIS E  
Address 615 1/2 DUVAL STREET  
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LUIS COBO

VP

02/24/2015

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

\_\_\_\_\_  
Date