

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000084455

Entity Name: KEYSTONE HEALTHCARE HOLDINGS, INC.**Current Principal Place of Business:**1201 W. SWANN AVENUE
TAMPA, FL 33606**Current Mailing Address:**1201 W. SWANN AVENUE
TAMPA, FL 33606 US**FEI Number:** 20-0189193**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR., SUITE A
TALLAHASSEE, FL 32301 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	D/P
Name	PORTELLI, ANDREW
Address	1201 W SWANN AVE
City-State-Zip:	TAMPA FL 33606

Title	D/V/P
Name	ADAMS, GLENN C
Address	1201 W SWANN AVE
City-State-Zip:	TAMPA FL 33606

Title	D
Name	DEWHURST, DONALD
Address	1201 W SWANN AVE
City-State-Zip:	TAMPA FL 33606

Title	D
Name	DVORKIN, RONALD
Address	1201 W SWANN AVE
City-State-Zip:	TAMPA FL 33606

Title	D
Name	SILK, MARSHALL
Address	1201 W SWANN AVE
City-State-Zip:	TAMPA FL 33606

Title	S/T
Name	ERVAST, DONNA L
Address	1201 SWANN AVE
City-State-Zip:	TAMPA FL 33606

Title	DIRECTOR
Name	GLANTZ, SANFORD
Address	1201 W. SWANN AVENUE
City-State-Zip:	TAMPA FL 33606

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: DONNA ERVAST**SECRETARY****06/10/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date