

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000050932

**Entity Name:** 12 KEYS REHAB INC.

**Current Principal Place of Business:**

3203 NE MAPLE AVE  
JENSEN BEACH, FL 34957

**Current Mailing Address:**

3203 NE MAPLE AVE  
JENSEN BEACH, FL 34957 US

**FEI Number:** 26-2661527

**Certificate of Status Desired:** No

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

COOL, MAUREEN E  
12737 S INDIAN RIVER DRIVE  
JENSEN BEACH, FL 34987 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 SECRETARY  
Name MACMASTER, SAMUEL  
Address 5500 MARYLAND WAY  
STE 200  
City-State-Zip: BRENTWOOD TN 37027

Title PRESIDENT  
Name LEE, KEVIN D  
Address 5500 MARYLAND WAY  
STE 200  
City-State-Zip: BRENTWOOD TN 37027

*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:** KEVIN LEE

**PRESIDENT**

**03/30/2016**

Electronic Signature of Signing Officer/Director Detail

Date