2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2011
Secretary of State

DOCUMENT# F01000004780

Entity Name: KEY HEALTHCARE PARTNERS, INC.

Current Principal Place of Business:

1500 ATLANTIC BLVD., APT 115
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1500 ATLANTIC BLVD., APT 115
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 56-2212348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CIPAU, GABRIEL R
1500 ATLANTIC BLVD APT 115
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: CIPAU, GABRIEL R
Address: 1500 ATLANTIC BLVD APT 115
City-St-Zip: KEY WEST, FL 33040 US

Title: VP
Name: CIPAU, AMY
Address: 1500 ATLANTIC BLVD APT 115
City-St-Zip: KEY WEST, FL 33040 US

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: GABRIEL CIPAU PRES 04/04/2011

Electronic Signature of Signing Officer or Director — Date