

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97828

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** KEY WEST CONVALESCENT CENTER, INC.

**Current Principal Place of Business:**

5860 COLLEGE ROAD  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

9430 HIGHWAY 141 SOUTH  
HARTSVILLE, TN 37074 US

**New Mailing Address:**

**FEI Number:** 59-2227832

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GORDON, PATRICK  
810 SATURN STREET  
STE 17  
JUPITER, FL 33477 US

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

GORDON, PATRICK  
10 BAY HARBOR ROAD  
TEQUESTA, FL 33469 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

05/01/2012

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BECHT, ROBERT M  
Address: 9430 HWY 141 SOUTH  
City-St-Zip: HARTSVILLE, TN 37074

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: ROBERT M. BECHT

PRES

05/01/2012

Electronic Signature of Signing Officer or Director

Date