

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90208 016 ****55.00

DOCUMENT # L01000018980

1. Entity Name

KEYS HEALTH SERVICE MANAGEMENT, LLC

Principal Place of Business

**91760 OVERSEAS HIGHWAY
TAVERNIER FL 33070**

Mailing Address

**91760 OVERSEAS HIGHWAY
TAVERNIER FL 33070**

2. Principal Place of Business

3. Mailing Address

P.O. Box 1737

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tavernier, FL

Zip

Country

Zip

Country

33070 USA

4. FEI Number

52-2352419

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MULL, PATRICIA B
200 ELLIS DRIVE
TAVERNIER FL 33070**

Name

Patricia B. Mull

Street Address (P.O. Box Number is Not Acceptable)

91760 Overseas Hwy

City

Tavernier

FL

Zip Code

33070

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/2002

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MULL, PATRICIA B 91760 OVERSEAS HIGHWAY TAVERNIER FL 33070	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/29/2002

0000792

CR2E083 (9/01)