

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-08-2002 90208 003 \*\*\*\*55.00

**DOCUMENT # L01000018982**

1. Entity Name

**KEYS HEALTH SERVICE CENTER, LLC**

Principal Place of Business

Mailing Address

**91760 OVERSEAS HIGHWAY  
TAVERNIER FL 33070**

**91760 OVERSEAS HIGHWAY  
TAVERNIER FL 33070**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**33070**

**USA**

4. FEI Number

**52-2352735**

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. Moll**

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)

**3/29/2002**  
DATE

**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  
**MGR  
KEYS HEALTH SERVICE MANAGEMENT, LLC  
91760 OVERSEAS HIGHWAY  
TAVERNIER FL 33070**

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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Patricia B. Moll  
91760 Overseas Highway  
Tavernier, FL 33070**

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ 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 REQUIRED**

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

Date Daytime Phone #

CR2E083 (9/01)

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