

5/24/

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 19, 2002 8:00 am
Secretary of State

05-24-2002 90556 004 ****61.25

DOCUMENT # N01000002793

1. Entity Name

SMALL EMPLOYER HEALTH ALLIANCE OF THE KEYS, INC.

Principal Place of Business

1030 TRUMAN AVE
KEY WEST FL 33040

Mailing Address

1030 TRUMAN AVE
KEY WEST FL 33040

2. Principal Place of Business

600 WHITEHEAD STREET

Suite, Apt. #, etc.

SUITE 205

City & State
KEY WEST FLZip
33040Country
MONROE

3. Mailing Address

600 WHITEHEAD STREET

Suite, Apt. #, etc.

SUITE 205

City & State
KEY WEST FLZip
33040Country
MONROE

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1103702

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COVAN, DIANE T
1030 TRUMAN AVE
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name: DIANE T. COVAN

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

SUITE 205

City
KEY WEST

FL

Zip Code
33040

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

(NOTE: Registered Agent signature required when reinstating)

4-29-02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P JOHN A. SUNDIN 1438 KENNEDY DRIVE KEY WEST, FL 33040	<input type="checkbox"/> Change <input type="checkbox"/> Addition
N B.G. CARTER 600 WHITEHEAD ST, SUITE 203 KEY WEST, FL 33040	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S ALEXIS COLICCHIO PO BOX 420112 SUMMERLAND KEY, FL 33042	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T RANDY MOORE 3150 NORTHSIDE DRIVE KEY WEST FL 33040	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

(205) 296-0601

Daytime Phone #

CR2E037 (9/01)