2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005124

FILED Jan 17, 2010 Secretary of State

Entity Name: FLORIDA KEYS ASSISTED CARE COALITION, INC.

Current Principal Place of Business: New Principal Place of Business:

201 FRONT ST. STE 224

KEY WEST, FL 33040 US

Current Mailing Address: New Mailing Address:

201 FRONT ST.

STE 224

KEY WEST, FL 33040 US

FEI Number: 20-1162023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

EDWIN O., SWIFT, III DIR

201 FRONT STREET

SUITE 224

ARMANDO, HENRIQUEZ DIR
3615 SUNRISE DRIVE
KEY WEST, FL 33040 US

KEY WEST, FL 33040 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: ARMANDO J. HENRIQUEZ 01/17/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D

Name: HENRIQUEZ, ARMANDO J COCHAIR

Address: 3615 SUNRISE DRIVE
City-St-Zip: KEY WEST, FL 33040 US

Title: D

 Name:
 HIGGS, JOAN COCHAIR

 Address:
 1341 19TH STREET

 City-St-Zip:
 KEY WEST, FL 33040 US

Title:

 Name:
 KERN, LIZ SEC

 Address:
 1319 WILLIAM STREET

 City-St-Zip:
 KEY WEST, FL 33040 US

Title:

Name: LOCKWOOD, ROBIN TREAS Address: 18 ALLAMANDA TERRACE City-St-Zip: KEY WEST, FL 33040 US

Title: D

 Name:
 SHALLOW, MOLLY

 Address:
 115 FRONT STREET, #103

 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARMANDO J HENRIQUEZ D 01/17/2010