

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005124

FILED  
Mar 28, 2012  
Secretary of State

**Entity Name:** FLORIDA KEYS ASSISTED CARE COALITION, INC.

**Current Principal Place of Business:**

201 FRONT ST.  
STE 224  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

201 FRONT ST.  
STE 224  
KEY WEST, FL 33040 US

**New Mailing Address:**

**FEI Number:** 20-1162023

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

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: D  
Name: KERN, LIZ SEC  
Address: 1319 WILLIAM STREET  
City-St-Zip: KEY WEST, FL 33040 US

Title: D  
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

DIR

03/28/2012

Electronic Signature of Signing Officer or Director

Date