

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90219 033 ****61.25

DOCUMENT # N04000012108

1. Entity Name

KEYS' CHOICE HEALTH PLAN, INC.



Principal Place of Business

**KEYS INSURANCE AGENCY
805 PEACOCK PLAZA
KEY WEST FL 33040**

Mailing Address

**KEYS INSURANCE AGENCY
805 PEACOCK PLAZA
KEY WEST FL 33040**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

65-1239382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REAGAN, JEFF A
C/O KEYS INSURANCE AGENCY
805 PEACOCK PLAZA
KEY WEST FL 33040**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **REAGAN, JEFF A**
STREET ADDRESS **805 PEACOCK PLAZA**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **C** ☐ Delete
NAME **YANKOW, SANDY DR.**
STREET ADDRESS **C/O 91555 OVERSEAS HWY. SUITE #2**
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE **ST** ☐ Delete
NAME **HERSHOFF, NANCY**
STREET ADDRESS **C/O HERSHOFF & LUPINO, 90130 OLD HWY**
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

JEFF A. REAGAN

4/25/05

305-254-4454

Date Daytime Phone #