

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 30, 2009
Secretary of State

DOCUMENT# N13659

Entity Name: A.H. OF MONROE COUNTY, INC.

Current Principal Place of Business:1434 KENNEDY DRIVE
KEY WEST, FL 33040**New Principal Place of Business:****Current Mailing Address:**P.O.BOX 4374
KEY WEST, FL 330414374**New Mailing Address:**

FEI Number: 59-2678740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:WALKER, ROBERT G
1434 KENNEDY 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: PD () Delete
Name: CZAPLICKI, EDWARD R
Address: 1511 TRUMAN AVENUE
City-St-Zip: KEY WEST, FL 33040Title: EVPD () Delete
Name: KLITENICK, RICHARD M
Address: 1009 SIMONTON STREET
City-St-Zip: KEY WEST, FL 33040Title: VPAD () Delete
Name: LEWIS, SARAH J
Address: 401 SOUTH STREET
City-St-Zip: KEY WEST, FL 33040Title: TD () Delete
Name: HOGUE, PHIL
Address: 701 WHITEHEAD STREET
City-St-Zip: KEY WEST, FL 33040Title: SD () Delete
Name: WEEKLEY, SUSAN
Address: 519 ELIZABETH STREET
City-St-Zip: KEY WEST, FL 33040Title: D () Delete
Name: GARCIA, OMAR
Address: 1204 17TH TERRACE
City-St-Zip: KEY WEST, FL 33040**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: LEWIS, SARAH J
Address: 401 SOUTH STREET
City-St-Zip: KEY WEST, FL 33040 USTitle: EVPD (X) Change () Addition
Name: KLITENICK, RICHARD M
Address: 1009 SIMONTON STREET
City-St-Zip: KEY WEST, FL 33040 USTitle: VPAD (X) Change () Addition
Name: SELKA, STEPHEN L
Address: 744 WINDSOR LANE
City-St-Zip: KEY WEST, FL 33040 USTitle: TD (X) Change () Addition
Name: HOGUE, PHIL
Address: 701 WHITEHEAD STREET
City-St-Zip: KEY WEST, FL 33040 USTitle: SD (X) Change () Addition
Name: WEEKLEY, SUSAN T
Address: 519 ELIZABETH STREET
City-St-Zip: KEY WEST, FL 33040 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT G. WALKER

RA

04/30/2009

Electronic Signature of Signing Officer or Director_____
Date