

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000064602

Entity Name: K.E.Y.S. MEDICAL REVIEW, INC.

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1356 RIVERHILLS CIRCLE EAST  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

1356 RIVERHILLS CIRCLE EAST  
JACKSONVILLE, FL 32211

**New Mailing Address:**

FEI Number: 26-2931262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEPRELL, SAMUEL L  
1930 SAN MARCO BLVD SUITE 201  
ST MARKS PLACE  
JACKSONVILLE, FL 32207 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: ROBERTS, JOHN  
Address: 1356 RIVERHILLS CIRCLE EAST  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D  
Name: ROBERTS, DEBRA  
Address: 1356 RIVERHILLS CIRCLE EAST  
City-St-Zip: JACKSONVILLE, FL 32211

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

SIGNATURE: JOHN ROBERTS

V.P.

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date