## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000092030

Name:

Address:

City-St-Zip:

MONTEAGUDO, DIANA

KEY LARGO, FL 33037

PO BOX 1819

Entity Name: THE KEYS MEDICAL & DIAGNOSTIC CENTER, INC.

FILED Jan 09, 2009 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	/ERSEAS HIGH 60, FL 33037	HWAY			
Current M	lailing Addres	s:	New Maili	ing Address:	
PO BOX 1 KEY LARG	819 60, FL 33037				
FEI Number:	26-3561659	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:	
171 BAHA	GUDO, JESUS MA AVENUE GO, FL 33037	US			
	named entity s of Florida.	ubmits this statement for the p	ourpose of changing i	its registered office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () MONTEAGUDO, PO BOX 1819 KEY LARGO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () MONTEAGUDO, PO BOX 466 KEY LARGO, FL		Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition MONTEAGUDO, MARGARITA PO BOX 466 KEY LARGO, FL 33037	
Title:	S ()	Delete	Title:	( ) Change ( ) Addition	

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

Name:

Address:

City-St-Zip:

SIGNATURE: DIANA MONTEAGUDO S 01/09/2009