2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2011
Secretary of State

DOCUMENT# P09000035305

Entity Name: KEYSTONE HEALTHCARE NORTHERN, INC.

Current Principal Place of Business:

1201 W. SWANN AVENUE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

1201 W. SWANN AVENUE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 26-4787258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANEY, R. REID ESQ.
101 E. KENNEDY BOULEVARD
SUITE 3700
TAMPA, FL 33602 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: PORTELLI, ANDREW
Address: 1201 W. SWANN AVENUE
City-St-Zip: TAMPA, FL 33606

Title: D
Name: ADAMS, GLENN
Address: 1201 W. SWANN AVENUE
City-St-Zip: TAMPA, FL 33606

Title: VP
Name: HAWKINS, DEBRA
Address: 1201 W SWANN AVE
City-St-Zip: TAMPA, FL 33606

Title: S/T
Name: ERVAST, DONNA
Address: 1201 W SWANN AVE
City-St-Zip: TAMPA, FL 33606

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: DONNA ERVAST S/T 03/28/2011

Electronic Signature of Signing Officer or Director — Date