CORPORATION
ANNUAL REPORT
1995

Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000029431 (1)

1. Corporation Name
KEY BEHAVIORAL HEALTH CARE, INC.

Principal Place of Business	Mailing Address
1065 NORTHEAST 125 STREET SUITE 409 NORTH MIAMI FL 33161	1065 NORTHEAST 125 STREET SUITE 409 NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

4. FEI Number: 65-0482544 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. The corporation has initially filed for a tangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	81 Name: KEY BEHAVIORAL HEALTHCARE, INC. 82 Street Address (P.O. Box Number is Not Acceptable): 1065 NE 125 ST, SUITE 409 83 ATTN: DAWN STEINBERG 84 City: N. MIAMI FL 85 Zip Code: 33161

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Dawn Steinberg — DAWN STEINBERG — 4/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	MCCALL-PEREZ, FRED	12 NAME	SEGAL, SCOTT D.
STREET ADDRESS	1065 NORTHEAST 125 STREET, SUITE 409	13 STREET ADDRESS	1065 NE 125 ST, SUITE 409
CITY-ST-ZIP	NORTH MIAMI FL 33161	14 CITY-ST-ZIP	N MIAMI, FL 33161
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/16/95 891-0052
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDING OFFICER OR DIRECTOR — Date — Telephone Number

0173526 CP