

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000070625

FILED
Jan 26, 2009
Secretary of State

Entity Name: KEYSTONE HEALTHCARE, INC.

Current Principal Place of Business:

1201 W. SWANN AVENUE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

PO BOX 3295
TAMPA, FL 33601

New Mailing Address:

FEI Number: 59-3397509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANEY, R. REID
101 E. KENNEDY BLVD., 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PORTELLI, ANDREW M
Address: PO BOX 3295
City-St-Zip: TAMPA, FL 33601

Title: VP () Delete
Name: ADAMS, GLENN
Address: 1245-G CEDAR RD, SUITE 402
City-St-Zip: CHESAPEAKE, VA 23320

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ADAMS, GLENN C PRES
Address: 1245-G CEDAR RD, SUITE 402
City-St-Zip: CHESAPEAKE, VA 23320

Title: D () Change (X) Addition
Name: ERVAST, DONNA L
Address: 1201 W SWANN AVE
City-St-Zip: TAMPA, FL 33606

Title: D () Change (X) Addition
Name: DVORKIN, RONALD MD
Address: 1201 W SWANN AVE
City-St-Zip: TAMPA, FL 33606

Title: D () Change (X) Addition
Name: DEWHURST III, DONALD A MD
Address: 1201 W SWANN AVE
City-St-Zip: TAMPA, FL 33606

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.

SIGNATURE: DONNA L. ERVAST

D

01/26/2009

Electronic Signature of Signing Officer or Director

Date