


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 11, 2007 8:00 am
Secretary of State

06-11-2007 90006 001 ***550.00

DOCUMENT # P98000002825	
1. Entity Name KEYS PHYSICIAN SERVICES, P.A.	

Principal Place of Business MARINERS HOSPITAL 91500 OVERSEAS HWY TAVERNIER FL 33070	Mailing Address PO BOX 2928 KEY LARGO KEY LARGO FL 33037
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0810141		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SPERRY, BRENT A DR. 91500 OVERSEAS HWY TAVERNIER FL 33070		7. Name and Address of New Registered Agent Name SPERRY, BRENT A. Street Address (P.O. Box Number is Not Acceptable) 3185 FAIRWAYS DR. City HOMESTEAD FL Zip Code 33035

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *BSPMM DO* DATE 5/25/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SPERRY, BRENT A PO BOX 2928 KEY LARGO FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *BSPMM DO BRENT A. SPERRY DO* DATE 5/25/07 3053932305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #