

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000002825

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: KEYS PHYSICIAN SERVICES, P.A.

**Current Principal Place of Business:**

MARINERS HOSPITAL  
91500 OVERSEAS HWY  
TAVERNIER, FL 33070

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2928  
KEY LARGO  
KEY LARGO, FL 33037

**New Mailing Address:**

FEI Number: 65-0810141

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPERRY, BRENT A DR.  
3185 FAIRWAYS DR  
HOMESTEAD, FL 33035 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: P ( ) Delete  
Name: SPERRY, BRENT A  
Address: PO BOX 2928  
City-St-Zip: KEY LARGO, FL 33037

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: BRENT A SPERRY

PRES

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date