2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2008
Secretary of State

DOCUMENT# P98000077018

Entity Name: CMS OF KEY WEST INC.

Current Principal Place of Business:

819 PEACOCK PLAZA
PMB 530
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

819 PEACOCK PLAZA
PMB 530
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0864255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOUT, GEORGE A III
819 PEACOCK PLAZA
PMB 530
KEY WEST, FL 33040 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: STOUT, CHRISTINA
Address: 819 PEACOCK PLAZA PMB 530
City-St-Zip: KEY WEST LANE, FL 33040

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: CHRISTINA STOUT P 04/19/2008

Electronic Signature of Signing Officer or Director — Date