

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000068293

**FILED**  
**May 25, 2010**  
**Secretary of State**

**Entity Name:** KEYS MEDICAL BILLING, INC.

**Current Principal Place of Business:**

5450 MACDONALD AVE, SUITE #12  
KEY WEST, FL 33040

**New Principal Place of Business:**

819 PEACOCK PLAZA, #391  
KEY WEST, FL 33040

**Current Mailing Address:**

PO BOX 2122  
KEY WEST, FL 33045

**New Mailing Address:**

**FEI Number:** 65-0947604

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ECKSTEIN, ALAN ESQ.  
3010 FLAGLER AVENUE  
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** KNERR, DENISE M  
**Address:** PO BOX 2122  
**City-St-Zip:** KEY WEST, FL 33045

I hereby 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 all other like empowered.

**SIGNATURE:** DENISE M KNERR, PRES

DP

05/25/2010

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

\_\_\_\_\_  
Date