**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 07, 2025**
**Secretary of State**
**6911242731CC**

DOCUMENT# F11000000646

**Entity Name:** KEY HEALTH MEDICAL SOLUTIONS, INC.

**Current Principal Place of Business:**

4670 S. FORT APACHE RD
SUITE 200
LAS VEGAS, NV 89147

**Current Mailing Address:**

4670 S. FORT APACHE RD
SUITE 200
LAS VEGAS, NV 89147 US

**FEI Number: 95-4604751**

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

*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

**Officer/Director Detail :**

| | |
|---|---|
| Title | TREASURER, DIRECTOR |
| Name | SHAH, SHIVEN |
| Address | 9525 W. BRYN MAWR AVE<br>SUITE 900 |
| City-State-Zip: | ROSEMONT IL 60018 |

| | |
|---|---|
| Title | SECRETARY, DIRECTOR |
| Name | GREENBERG, PHILIPPE |
| Address | 9525 W. BRYN MAWR AVE<br>SUITE 900 |
| City-State-Zip: | ROSEMONT IL 60018 |

| | |
|---|---|
| Title | DIRECTOR, PRESIDENT |
| Name | MILIM, MATTHEW J. |
| Address | 9525 W. BRYN MAWR AVE.<br>SUITE 900 |
| City-State-Zip: | ROSEMONT IL 60018 |

| | |
|---|---|
| Title | AUTHORIZED PERSON |
| Name | SCHREMS, AMANDA |
| Address | 9525 WEST BRYN MAWR AVENUE |
| City-State-Zip: | ROSEMONT IL 60018 |

*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: AMANDA SCHREMS AUTHORIZED PERSON 01/07/2025

Electronic Signature of Signing Officer/Director Detail — Date