

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000646

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

**Current Principal Place of Business:**

30699 RUSSELL RANCH ROAD  
SUITE 175  
WESTLAKE VILLAGE, CA 91362

**Current Mailing Address:**

30699 RUSSELL RANCH ROAD  
SUITE 175  
WESTLAKE VILLAGE, CA 91362

**FEI Number:** 95-4604751

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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 P  
Name TRIGILIO, JEFFREY S  
Address 30699 RUSSELL RANCH ROAD STE  
175  
City-State-Zip: WESTLAKE VILLAGE CA 91362

*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:** JEFFREY TRIGILIO

**PRESIDENT**

**04/04/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date