

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000646

Entity Name: KEY HEALTH MEDICAL SOLUTIONS, INC.**Current Principal Place of Business:**30699 RUSSELL RANCH ROAD
SUITE 210
WESTLAKE VILLAGE, CA 91362**Current Mailing Address:**30699 RUSSELL RANCH ROAD
SUITE 210
WESTLAKE VILLAGE, CA 91362**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 SUITE 900
City-State-Zip:	ROSEMONT IL 60018

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

Title	DIRECTOR, PRESIDENT
Name	MILIM, MATTHEW J.
Address	9525 W. BRYN MAWR AVE 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****02/01/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date