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 617, Florida Statutes; and that my name appears				
above, or on an attachment with all other like empowered.				
SIGNATURE: KEVIN BOYER	MANAGER	02/10/2021		

MANAGER

SIGNATURE: KEVIN BOYER

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business: 9436 HIDDEN PINES COURT

PARKER, CO 80134

Current Mailing Address:

9436 HIDDEN PINES COURT PARKER, CO 80134 US

DOCUMENT# N0300004637

FEI Number: 03-0520299

Name and Address of Current Registered Agent:

BOYER, KEVIN L 415 141ST CT NE BRADENTON, FL 34212 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:

Officer/Director Detail :				
Title	DPS	Title	DT	
Name	BOYER, KEVIN L	Name	BOYER, KERRI A	
Address	94367 HIDDEN PINES COURT	Address	9436 HIDDEN PINES COURT	
City-State-Zip:	PARKER CO 80134	City-State-Zip:	PARKER CO 80134	

Electronic Signature of Registered Agent

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: KEVIN L. BOYER, M.D. CHARITABLE FOUNDATION, INC.

Certificate of Status Desired: No

FILED Feb 10, 2021 Secretary of State 9858602246CC

Date

Date