


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90125 022 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 585170

1. Corporation Name
FLORIDA KEYS MEDICAL CENTER, INC.



Principal Place of Business 1200 KENNEDY DR. P O BOX L1639 KEY WEST FL 33040-4023	Mailing Address 1200 KENNEDY DR. P O BOX L1639 KEY WEST FL 33040-4023
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/31/1978

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1916193	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc. P.O. Box 414586	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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22 City & State	27 City & State MIAMI BEACH FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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23 Zip	25 Country	28 Zip 33141	30 Country USA	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent HENDRICK, JAMES T 317 WHITEHEAD ST. KEY WEST, FL. FL 33040		10. Name and Address of New Registered Agent		
81 Name				
82 Street Address (P.O. Box Number is Not Acceptable)				
83				
84 City	FL	85 Zip Code		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, HERMAN K	1.2 NAME	
STREET ADDRESS	1200 KENNEDY DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREINCES, JOHN	2.2 NAME	
STREET ADDRESS	1200 KENNEDY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENWOOD, WILLIAM	3.2 NAME	
STREET ADDRESS	1200 KENNEDY DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLEJA, JOHN	4.2 NAME	
STREET ADDRESS	1200 KENNEDY DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKWOOD, ROBIN	5.2 NAME	
STREET ADDRESS	1200 KENNEDY DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	5.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, ROBERTO	6.2 NAME	
STREET ADDRESS	780 NW LEJEUNE RD, SUITE 616	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____ **SIGNATURE REQUIRED** _____ **4-11-99** **(305) 448-0222**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)