

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 16 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # N96000001199 (6)**  
1. Corporation Name  
**FLORIDA KEYS PROFESSIONAL SERVICES, INC.**



Principal Place of Business: **5900 COLLEGE ROAD KEY WEST FL 33040**  
Mailing Address: **5900 COLLEGE ROAD KEY WEST FL 33040**

3. Date Incorporated or Qualified: **07/13/1995**  
3a. Date of Last Report

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**

4. FEI Number: **65-0594257**  
Applied For:  Not Applicable

Suite, Apt. #, etc.: **22**  
Suite, Apt. #, etc.: **27**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

City & State: **23**  
City & State: **28**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25**  
Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**  
**SIMON, JAMES K**  
**5900 COLLEGE ROAD**  
**KEY WEST 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE:   
Signature and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANCHEZ, ROBERTO</b>	1.2 NAME	
STREET ADDRESS	<b>780 N.W. LEJEUNE ROAD, STE. 616</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMON, JAMES K</b>	2.2 NAME	
STREET ADDRESS	<b>P.O. BOX 9107 5900 College Rd.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY WEST FL 33041 Key West, FL 33040</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOCKWOOD, ROBIN M.D.</b>	3.2 NAME	
STREET ADDRESS	<b>1111 12 ST., STE. 112</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRAY, JACK T</b>	4.2 NAME	
STREET ADDRESS	<b>1421 12TH ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	<b>400001895544</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>-07/16/96--01168--043</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **James K. Simon, President/CEO**  
Date: **6/6/96** Daytime Phone #: **305/294-9200**

CR2E037 (3/96)

7-16-96