

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 18, 1994.**  
**AMOUNT DUE ON OR BEFORE 8/18/94: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375**

**APPROVED  
AND  
FILED**

94 AUG 23 PM 12: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1994**



FLORIDA DEPARTMENT OF STATE  
Jan Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 152753 (0)**

1. Corporation Name  
**KEY WEST MEDICAL ASSOCIATION, INC.**

Mailing Address: **1200 KENNEDY DR.  
P O BOX 1639  
KEY WEST FL 33041**  
Principal Place of Business: **1200 KENNEDY DR.  
P O BOX 1639  
KEY WEST FL 33041**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/21/1947</b>	3a. Date of Last Report <b>04/29/1993</b>
4. FEI Number <b>59-0571962</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This Corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Mailing Address	2a. Principal Place of Business
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

**HENDRICK, JAMES T  
317 WHITEHEAD STREET  
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 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature typed or printed name of registered agent and title if applicable) (Registered Agent Signature required after recording)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 1994	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	P/D <b>LESTER, J.L., JR 1200 KENNEDY DR. KEY WEST FL</b>	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	V/D <b>MOORE, HERMAN K 1200 KENNEDY DR. KEY WEST FL</b>	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	S/T/D <b>KREINCES, JOHN D 1200 KENNEDY DR. KEY WEST FL</b>	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	D <b>CALLEJA, JOHN 1200 KENNEDY DR. KEY WEST FL</b>	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	D <b>GREENWOOD, WILLIAM 1200 KENNEDY DR KEY WEST FL</b>	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	D <b>LOCKWOOD, ROBIN 1200 KENNEDY DR. KEY WEST FL</b>	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 199.032, 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 or 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: *J.L. Lester, Jr.* J.L. Lester, Jr. 8/2/94 (305) 293-9317  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR