

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1994



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

94 AUG 19 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 585170 (4)

1. Corporation Name
FLORIDA KEYS MEDICAL CENTER, INC.

Mailing Address
1200 KENNEDY DR.
P O BOX L1639
KEY WEST FL 33040-4023

Principal Place of Business
1200 KENNEDY DR.
P O BOX L1639
KEY WEST FL 33040-4023

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/31/1978	3a. Date of Last Report 04/29/1993
4. FEI Number 59-1916193	Applies For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes ☐ Yes ☐ 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

HENDRICK, JAMES T.
317 WHITEHEAD ST.
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
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 the corporation

(If 10. Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS	
11 TITLE	P/D	11 TITLE	
12 NAME	LESTER, J.L. JR. (M.D)	12 NAME	
13 STREET ADDRESS	1200 KENNEDY DR.	13 STREET ADDRESS	
14 CITY - ST - ZIP	KEY WEST FL	14 CITY - ST - ZIP	
21 TITLE	V/D	21 TITLE	
22 NAME	MOORE, HERMAN K	22 NAME	
23 STREET ADDRESS	1200 KENNEDY DR.	23 STREET ADDRESS	
24 CITY - ST - ZIP	KEY WEST FL	24 CITY - ST - ZIP	
31 TITLE	S/T/D	31 TITLE	
32 NAME	KREINCES, JOHN	32 NAME	
33 STREET ADDRESS	1200 KENNEDY DR.	33 STREET ADDRESS	
34 CITY - ST - ZIP	KEY WEST FL	34 CITY - ST - ZIP	
41 TITLE	D	41 TITLE	
42 NAME	GREENWOOD, WILLIAM	42 NAME	
43 STREET ADDRESS	1200 KENNEDY DR.	43 STREET ADDRESS	
44 CITY - ST - ZIP	KEY WEST FL	44 CITY - ST - ZIP	
51 TITLE	D	51 TITLE	
52 NAME	CALLEJA, JOHN	52 NAME	
53 STREET ADDRESS	1200 KENNEDY DR.	53 STREET ADDRESS	
54 CITY - ST - ZIP	KEY WEST FL	54 CITY - ST - ZIP	
61 TITLE	D	61 TITLE	
62 NAME	LOCKWOOD, ROBIN	62 NAME	
63 STREET ADDRESS	1200 KENNEDY DR.	63 STREET ADDRESS	
64 CITY - ST - ZIP	KEY WEST FL	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 exemption stated in Section 111.05(1) Sub. 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 of 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

J. L. Lester, Jr. 8/2/94 (805) 293-9317