

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Dandra E. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

05 APR 19 AM 2:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 152753 (0)

1. Corporation Name

KEY WEST MEDICAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1200 KENNEDY DR.
P O BOX 1639
KEY WEST FL 33041**

**1200 KENNEDY DR.
P O BOX 1639
KEY WEST FL 33041**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/21/1947

3a. Date of Last Report
05/01/1994

4. FEI Number
59-0571962

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENDRICKS, JAMES T
317 WHITEHEAD STREET
KEY WEST FL 33040**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LESTER, J L JR
STREET ADDRESS 1200 KENNEDY DR.
CITY-ST-ZIP KEY WEST FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME MOORE, HERMAN K
STREET ADDRESS 1200 KENNEDY DR.
CITY-ST-ZIP KEY WEST FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD
NAME KREINCES, JOHN D
STREET ADDRESS 1200 KENNEDY DR.
CITY-ST-ZIP KEY WEST FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME CALLEJA, JOHN
STREET ADDRESS 1200 KENNEDY DR.
CITY-ST-ZIP KEY WEST FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME GREENWOOD, WILLIAM
STREET ADDRESS 1200 KENNEDY DR
CITY-ST-ZIP KEY WEST FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME LOCKWOOD, ROBIN
STREET ADDRESS 1200 KENNEDY DR.
CITY-ST-ZIP KEY WEST FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(b), 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.

SIGNATURE: X

J.L. Lester

J.L. Lester, Pres

4/12/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #