

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 585170 (4)

1. Corporation Name

FLORIDA KEYS MEDICAL CENTER, INC.

Principal Place of Business

Mailing Address

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

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



3. Date Incorporated or Qualified

08/31/1978

3a. Date of Last Report

04/18/1995

4. FEI Number

59-1916193

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**

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	LESTER, J L JR., MD	1200 KENNEDY DR.	KEY WEST FL	☐
VD	MOORE, HERMAN K	1200 KENNEDY DR.	KEY WEST FL	☐
STD	KREINCES, JOHN	1200 KENNEDY DR.	KEY WEST FL	☐
D	GREENWOOD, WILLIAM	1200 KENNEDY DR.	KEY WEST FL	☐
D	CALLEJA, JOHN	1200 KENNEDY DR.	KEY WEST FL	☐
D	LOCKWOOD, ROBIN	1200 KENNEDY DR.	KEY WEST FL	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	☐	☐
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 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: *Rob Greenwood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1496

305 294 5103

Date:

Telephone Prefix #

CR2E034 (3/96)