

**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.)**

**FILED  
Aug 07 1996 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 152753 (0)**  
1. Corporation Name  
**KEY WEST MEDICAL ASSOCIATION, INC.**



Principal Place of Business <b>1200 KENNEDY DR. P O BOX 1639 KEY WEST FL 33041</b>	Mailing Address <b>1200 KENNEDY DR. P O BOX 1639 KEY WEST FL 33041</b>
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3. Date Incorporated or Qualified <b>10/21/1947</b>	3a. Date of Last Report <b>04/19/1995</b>
4. FEI Number <b>59-0571962</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
25.	30.

9. Name and Address of Current Registered Agent  
**HENDRICKS, JAMES T  
317 WHITEHEAD STREET  
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City
B5. 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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LESTER, J L JR	
STREET ADDRESS	1200 KENNEDY DR.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOORE, HERMAN K	
STREET ADDRESS	1200 KENNEDY DR.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KREINCES, JOHN D	
STREET ADDRESS	1200 KENNEDY DR.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CALLEJA, JOHN	
STREET ADDRESS	1200 KENNEDY DR.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREENWOOD, WILLIAM	
STREET ADDRESS	1200 KENNEDY DR	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOCKWOOD, ROBIN	
STREET ADDRESS	1200 KENNEDY DR.	
CITY-ST-ZIP	KEY WEST FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (3/96)