

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 07 1998 8:00am  
 Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # 152753 (0)  
 1. Corporation Name  
 KEY WEST MEDICAL ASSOCIATION, INC.



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-headers for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 10/21/1947  
 4. FEI Number: 59-0571962  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] No

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 (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	SANDER, ROBERT	
STREET ADDRESS	1200 KENNEDY DR	
CITY-ST-ZIP	KEY WEST FL	
TITLE	VD	DELETE
NAME	MOORE, HERMAN K	
STREET ADDRESS	1200 KENNEDY DR.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	STD	DELETE
NAME	KREINCES, JOHN D	
STREET ADDRESS	1200 KENNEDY DR.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	DELETE
NAME	CALLEJA, JOHN	
STREET ADDRESS	1200 KENNEDY DR.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	DELETE
NAME	GREENWOOD, WILLIAM	
STREET ADDRESS	1200 KENNEDY DR	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	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	DS	Change	Addition
1.2 NAME	Sanchez Roberto		
1.3 STREET ADDRESS	1200 Kennedy Dr		
1.4 CITY-ST-ZIP	Key West FL 33041		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	D	Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	PD	Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: *Robin Lockwood*

CR2E034 (5/98)