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Apr 15, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 152753

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/21/1947	4. FEI Number 59-0571962	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Trust Fund Contribution <input type="checkbox"/>		
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. P.O. Box 414586
23. City & State	27. MIAMI BEACH FL
24. Zip	28. 33141
25. Country	29. Zip
	30. USA

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. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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	DS	<input type="checkbox"/> DELETE
NAME	SANDER, ROBERT	
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	D	<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	PD	<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	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAWCHET ROBERTO	
1.3 STREET ADDRESS	780 N.W. LEICUNE Rd #616	
1.4 CITY-ST-ZIP	MIAMI FL 33126	
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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **Sawchet Roberto** 4-12-99 (305) 448-0222
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)