

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90026 003 ***158.75

DOCUMENT # 152753

1. Entity Name
KEY WEST MEDICAL ASSOCIATION, INC.

Principal Place of Business 1200 KENNEDY DR. P O BOX 1639 KEY WEST FL 33041	Mailing Address P.O. BOX 414586 MIAMI BEACH FL 33141-0586 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0571962	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back).

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE DS	<input type="checkbox"/> Delete
NAME SAWCHEZ, ROBERTO	
STREET ADDRESS 780 NW LEJEUNE RD #616	
CITY-ST-ZIP MIAMI FL 33126	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **4-26-00** DAYTIME PHONE #: **305-448-0222**

CR2E034 (9/99)