

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM****Secretary of State****DOCUMENT # 769961****1. Entity Name**
KEY WEST PROFESSIONAL PLAZA, INC.**Principal Place of Business**
1111 12TH STREET
KEY WEST FL 33040
Mailing Address
780 N.W. LEJUNE RD
SUITE 616
MIAMI FL 33126**2. Principal Place of Business**
1111 12TH STREET
3. Mailing Address
780 N.W. LEJUNE RD**Suite, Apt. #, etc.**
Suite, Apt. #, etc.
SUITE 616**City & State**
KEY WEST FL
City & State
MIAMI FL**Zip**
33040
Country
US
Zip
33126
Country
US**4. FEI Number**
59-2647226
Applied For
Not Applicable**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**HENDRICK JAMES TESQ**
317 WHITEHEAD ST.
KEY WEST FL 33040 US**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** **04/19/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW: FEE IS \$61.25**
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**
Make Check Payable to Department of State**10. OFFICERS AND DIRECTORS**

TITLE	STD <input type="checkbox"/> Delete
NAME	CALLEJA JOHN M.D.
STREET ADDRESS	1111 12TH ST., #208
CITY-ST-ZIP	KEY WEST FL 33040
TITLE	VD <input type="checkbox"/> Delete
NAME	LOCKWOOD ROBIN M.D.
STREET ADDRESS	1111 12TH ST., #112
CITY-ST-ZIP	KEY WEST FL 33040
TITLE	PD <input type="checkbox"/> Delete
NAME	SANCHEZ ROBERTO
STREET ADDRESS	780 N.W. LEJEUNE RD., #616
CITY-ST-ZIP	MIAMI FL 33126
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE: ROBERTO SANCHEZ** **P** **04/19/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)