2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# 585170

Entity Name: FLORIDA KEYS MEDICAL CENTER, INC.

Current Principal Place of Business:

1200 KENNEDY DR.
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 414586
MIAMI BEACH, FL 33141 US

New Mailing Address:

FEI Number: 59-1916193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANCHEZ, ROBERTO
782 NW 42ND AVE SUITE 638
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KREINCES, JOHN
Address: 1200 KENNEDY DR.
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: GREENWOOD, WILLIAM
Address: 1200 KENNEDY DR.
City-St-Zip: KEY WEST, FL

Title: VP ( ) Delete
Name: CALLEJA, JOHN
Address: 1200 KENNEDY DR.
City-St-Zip: KEY WEST, FL

Title: P ( ) Delete
Name: LOCKWOOD, ROBIN
Address: 1200 KENNEDY DR.
City-St-Zip: KEY WEST, FL

Title: ST ( ) Delete
Name: SANCHEZ, ROBERTO
Address: 782 NW LEJEUNE RD, SUITE 638
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO SANCHEZ ST 04/01/2008
Electronic Signature of Signing Officer or Director Date