

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 152753

FILED  
Apr 01, 2008  
Secretary of State

Entity Name: KEY WEST MEDICAL ASSOCIATION, 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: 59-0571962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANCHEZ, ROBERTO  
782 NW 42  
SUITE 638  
KEY WEST, 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: DS ( ) Delete  
Name: SANCHEZ, ROBERTO  
Address: 782 NW LEJEUNE RD #638  
City-St-Zip: MIAMI, FL 33126

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

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

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

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

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

## 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:

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

DS

04/01/2008

Electronic Signature of Signing Officer or Director

Date