

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 152753

FILED
Jan 05, 2011
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

OFFICERS AND DIRECTORS:

Title: DS
Name: SANCHEZ, ROBERTO
Address: 782 NW LEJEUNE RD #638
City-St-Zip: MIAMI, FL 33126

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERTO SANCHEZ

_____ Electronic Signature of Signing Officer or Director

MR

01/05/2011

_____ Date