

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769961

FILED  
Feb 21, 2012  
Secretary of State

**Entity Name:** KEY WEST PROFESSIONAL PLAZA, INC.

**Current Principal Place of Business:**

1111 12TH STREET  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 414586  
MIAMI BEACH, FL 33141 US

**New Mailing Address:**

PO BOX 414586  
SUITE 914  
MIAMI BEACH, FL 33139 US

**FEI Number:** 59-2647226

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERTO, SANCHEZ  
782 NW 42 AVE SUITE 638  
MIAMI, FL 33141 US

**Name and Address of New Registered Agent:**

ROBERTO, SANCHEZ  
1680 MICHIGAN AVENUE  
MIAMI BEACH, FL 33141 US

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:

02/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SANCHEZ, ROBERTO  
Address: 1680 MICHIGAN AVENUE SUITE 914  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD  
Name: LOCKWOOD, ROBIN M.D.  
Address: 1111 12TH ST., #212  
City-St-Zip: KEY WEST, FL 33040

Title: STD  
Name: CALLEJA, JOHN M.D.  
Address: 1111 12TH ST., #208  
City-St-Zip: KEY WEST, FL 33040

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERTO SANCHEZ

P

02/21/2012

Electronic Signature of Signing Officer or Director

Date