

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 152753

FILED
Apr 10, 2012
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:

SANCHEZ, ROBERTO
1680 MICHIGAN AVENUE
SUITE 914
MIAMI BEACH, FL 33139 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:

Electronic Signature of Registered Agent

04/10/2012

Date

OFFICERS AND DIRECTORS:

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

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

04/10/2012

Date