

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 152753

FILED
Apr 21, 2003
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:

HENDRICKS, JAMES T
317 WHITEHEAD STREET
KEY WEST, FL 33040 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: 780 NW LEJEUNE RD #616
City-St-Zip: MIAMI, FL 33126

Title: VD () Delete
Name: MOORE, HERMAN K
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:

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Address:
City-St-Zip:

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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 for the exemption stated in Section 119.07(3)(i), 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

MR

04/21/2003

Electronic Signature of Signing Officer or Director

_____ Date