

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769961

Entity Name: KEY WEST PROFESSIONAL PLAZA, INC.

Current Principal Place of Business:

1111 12TH STREET
KEY WEST, FL 33040

Current Mailing Address:

PO BOX 414586
SUITE 914
MIAMI BEACH, FL 33139 US

FEI Number: 59-2647226

Certificate of Status Desired: No

Name and Address of Current 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title T
Name PAZ, ELIOPE M.D.
Address 1111 12TH ST., #110
City-State-Zip: KEY WEST FL 33040

Title D
Name ALEA, DAVID
Address 1111 12TH ST., #101
City-State-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

PRESIDENT

01/22/2013

Electronic Signature of Signing Officer/Director Detail

Date