

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 152753

**Entity Name:** KEY WEST MEDICAL ASSOCIATION, INC.

**Current Principal Place of Business:**

1200 KENNEDY DR.  
KEY WEST, FL 33040

**FILED**  
**Jan 22, 2013**  
**Secretary of State**  
**CC3918614130**

**Current Mailing Address:**

P.O. BOX 414586  
MIAMI BEACH, FL 33141 US

**FEI Number: 59-0571962**

**Certificate of Status Desired: No**

**Name and Address of Current 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

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

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

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

Title PD  
Name LOCKWOOD, ROBIN  
Address 1200 KENNEDY DR.  
City-State-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**

**DIRECTOR**

**01/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date