

2015 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**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	PRESIDENT
Name	SANCHEZ, ROBERTO
Address	1680 MICHIGAN AVENUE
City-State-Zip:	MIAMI BEACH FL 33139

Title	EXECUTIVE SECRETARY
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	VP
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

PRESIDENT

02/22/2015

Electronic Signature of Signing Officer/Director Detail_____
Date