

2014 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

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date