

**2020 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	Title	VP
Name	SANCHEZ, ROBERTO	Name	LOCKWOOD, ROBIN
Address	1680 MICHIGAN AVENUE	Address	1200 KENNEDY DR.
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	KEY WEST FL
Title	SECRETARY		
Name	SANCHEZ, JEREME DAVID		
Address	1790 BAY DR		
City-State-Zip:	MIAMI BEACH FL 33141		

*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

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date