

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

Title            VP  
Name            LOCKWOOD, ROBIN  
Address        1200 KENNEDY DR.  
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