

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 585170

Entity Name: FLORIDA KEYS MEDICAL CENTER, 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:** 59-1916193**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	D	Title	D
Name	KREINCES, JOHN	Name	GREENWOOD, WILLIAM
Address	1200 KENNEDY DR.	Address	1200 KENNEDY DR.
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL
Title	EXECUTIVE SECRETARY	Title	VP
Name	CALLEJA, JOHN	Name	LOCKWOOD, ROBIN
Address	1200 KENNEDY DR.	Address	1200 KENNEDY DR.
City-State-Zip:	KEY WEST FL	City-State-Zip:	KEY WEST FL
Title	PRESIDENT		
Name	SANCHEZ, ROBERTO		
Address	1680 MICHIGAN AVENUE		
City-State-Zip:	MIAMI BEACH FL 33139		

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

03/16/2017

Electronic Signature of Signing Officer/Director Detail_____
Date