SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 AUG 23 PM 12: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **152753** **(0)**

1. Corporation Name
KEY WEST MEDICAL ASSOCIATION, INC.

Mailing Address	Principal Place of Business
1200 KENNEDY DR.	1200 KENNEDY DR.
P O BOX 1639	P O BOX 1639
KEY WEST FL 33041	KEY WEST FL 33041

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1947	3a. Date of Last Report: 04/29/1993
4. FEI Number: 59-0571962	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired: $8.75 Additional Fee Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Mailing Address	2a. Principal Place of Business
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HENDRICK, JAMES T
317 WHITEHEAD STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required if agent is changed) (Date)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/D	11 TITLE	
12 NAME	LESTER, J.L., JR	12 NAME	
13 STREET ADDRESS	1200 KENNEDY DR.	13 STREET ADDRESS	
14 CITY, ST, ZIP	KEY WEST FL	14 CITY, ST, ZIP	
21 TITLE	V/D	21 TITLE	
22 NAME	MOORE, HERMAN K	22 NAME	
23 STREET ADDRESS	1200 KENNEDY DR.	23 STREET ADDRESS	
24 CITY, ST, ZIP	KEY WEST FL	24 CITY, ST, ZIP	
31 TITLE	S/T/D	31 TITLE	
32 NAME	KREINCES, JOHN D	32 NAME	
33 STREET ADDRESS	1200 KENNEDY DR.	33 STREET ADDRESS	
34 CITY, ST, ZIP	KEY WEST FL	34 CITY, ST, ZIP	
41 TITLE	D	41 TITLE	
42 NAME	CALLEJA, JOHN	42 NAME	
43 STREET ADDRESS	1200 KENNEDY DR.	43 STREET ADDRESS	
44 CITY, ST, ZIP	KEY WEST FL	44 CITY, ST, ZIP	
51 TITLE	D	51 TITLE	
52 NAME	GREENWOOD, WILLIAM	52 NAME	
53 STREET ADDRESS	1200 KENNEDY DR	53 STREET ADDRESS	
54 CITY, ST, ZIP	KEY WEST FL	54 CITY, ST, ZIP	
61 TITLE	D	61 TITLE	
62 NAME	LOCKWOOD, ROBIN	62 NAME	
63 STREET ADDRESS	1200 KENNEDY DR.	63 STREET ADDRESS	
64 CITY, ST, ZIP	KEY WEST FL	64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____ J.L. Lester, Jr. 8/2/94 (305) 293-9317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone Number)