

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 07 1996 8:00am  
Secretary of State

DOCUMENT # 152753 (0)

1. Corporation Name

KEY WEST MEDICAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1200 KENNEDY DR.  
P O BOX 1639  
KEY WEST FL 33041

1200 KENNEDY DR.  
P O BOX 1639  
KEY WEST FL 33041



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HENDRICKS, JAMES T  
317 WHITEHEAD STREET  
KEY WEST FL 33040

3. Date Incorporated or Qualified

3a. Date of Last Report

10/21/1947

04/19/1995

4. FEI Number

Applied For

59-0571962

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

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, 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, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LESTER, J L JR  
STREET ADDRESS 1200 KENNEDY DR.  
CITY-ST-ZIP KEY WEST FL

DELETE

TITLE VD  
NAME MOORE, HERMAN K  
STREET ADDRESS 1200 KENNEDY DR.  
CITY-ST-ZIP KEY WEST FL

DELETE

TITLE STD  
NAME KREINCES, JOHN D  
STREET ADDRESS 1200 KENNEDY DR.  
CITY-ST-ZIP KEY WEST FL

DELETE

TITLE D  
NAME CALLEJA, JOHN  
STREET ADDRESS 1200 KENNEDY DR.  
CITY-ST-ZIP KEY WEST FL

DELETE

TITLE D  
NAME GREENWOOD, WILLIAM  
STREET ADDRESS 1200 KENNEDY DR.  
CITY-ST-ZIP KEY WEST FL

DELETE

TITLE D  
NAME LOCKWOOD, ROBIN  
STREET ADDRESS 1200 KENNEDY DR.  
CITY-ST-ZIP KEY WEST FL

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)