

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 152753 (0)
1. Corporation Name
KEY WEST MEDICAL ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1947

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

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

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

TITLE D
NAME SANDER, ROBERT
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 KRINCES, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DS
1.2 NAME Sanchez, Roberto
1.3 STREET ADDRESS 1200 Kennedy Dr
1.4 CITY-ST-ZIP Key West FL 33041 ☒ Change ☐ Addition

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

3.1 TITLE D
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 PD
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☒ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Robin Lockwood

CR2E034 (5/98)