

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90125 021 ***158.75

DOCUMENT # 152753

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

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 DS
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 D
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 PD
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 SAWCHET, ROBERTO
1.3 STREET ADDRESS 780 N.W. LEIGUNE RD #616
1.4 CITY-ST-ZIP MIAMI FL 33126

☒ 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99
Date

(305) 448-0222
Daytime Phone #

CR2E034 (11/98)

0173488