

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # 152753**1. Entity Name
KEY WEST MEDICAL ASSOCIATION, INC.Principal Place of Business
1200 KENNEDY DR.
P O BOX 1639
KEY WEST FL 33041
Mailing Address
P.O. BOX 414586
MIAMI BEACH FL 33141 US2. Principal Place of Business
1200 KENNEDY DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
KEY WEST FL

City & State

4. FEI Number
59-0571962Applied For
Not ApplicableZip
33040
Country
USZip
Country5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****HENDRICKS JAMES T**
317 WHITEHEAD STREET

Name

Street Address (P.O. Box Number is Not Acceptable)

KEY WEST FL
33040 USCity **FL** Zip Code

8. 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 _____ **04/19/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE PD ☐ Delete
NAME **LOCKWOOD ROBIN**
STREET ADDRESS **1200 KENNEDY DR.**
CITY-ST-ZIP **KEY WEST FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME **GREENWOOD WILLIAM**
STREET ADDRESS **1200 KENNEDY DR**
CITY-ST-ZIP **KEY WEST FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME **CALLEJA JOHN**
STREET ADDRESS **1200 KENNEDY DR.**
CITY-ST-ZIP **KEY WEST FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME **KREINCES JOHN D**
STREET ADDRESS **1200 KENNEDY DR.**
CITY-ST-ZIP **KEY WEST FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD ☐ Delete
NAME **MOORE HERMAN K**
STREET ADDRESS **1200 KENNEDY DR.**
CITY-ST-ZIP **KEY WEST FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DS ☐ Delete
NAME **SAWCHERZ ROBERTO**
STREET ADDRESS **780 NW LEJEUNE RD #616**
CITY-ST-ZIP **MIAMI FL 33126**TITLE DS ☒ Change ☐ Addition
NAME **SANCHEZ ROBERTO**
STREET ADDRESS **780 NW LEJEUNE RD #616**
CITY-ST-ZIP **MIAMI FL 33126**

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO SANCHEZ**DS 04/19/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)