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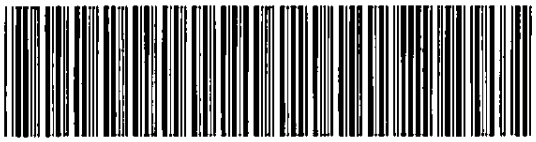

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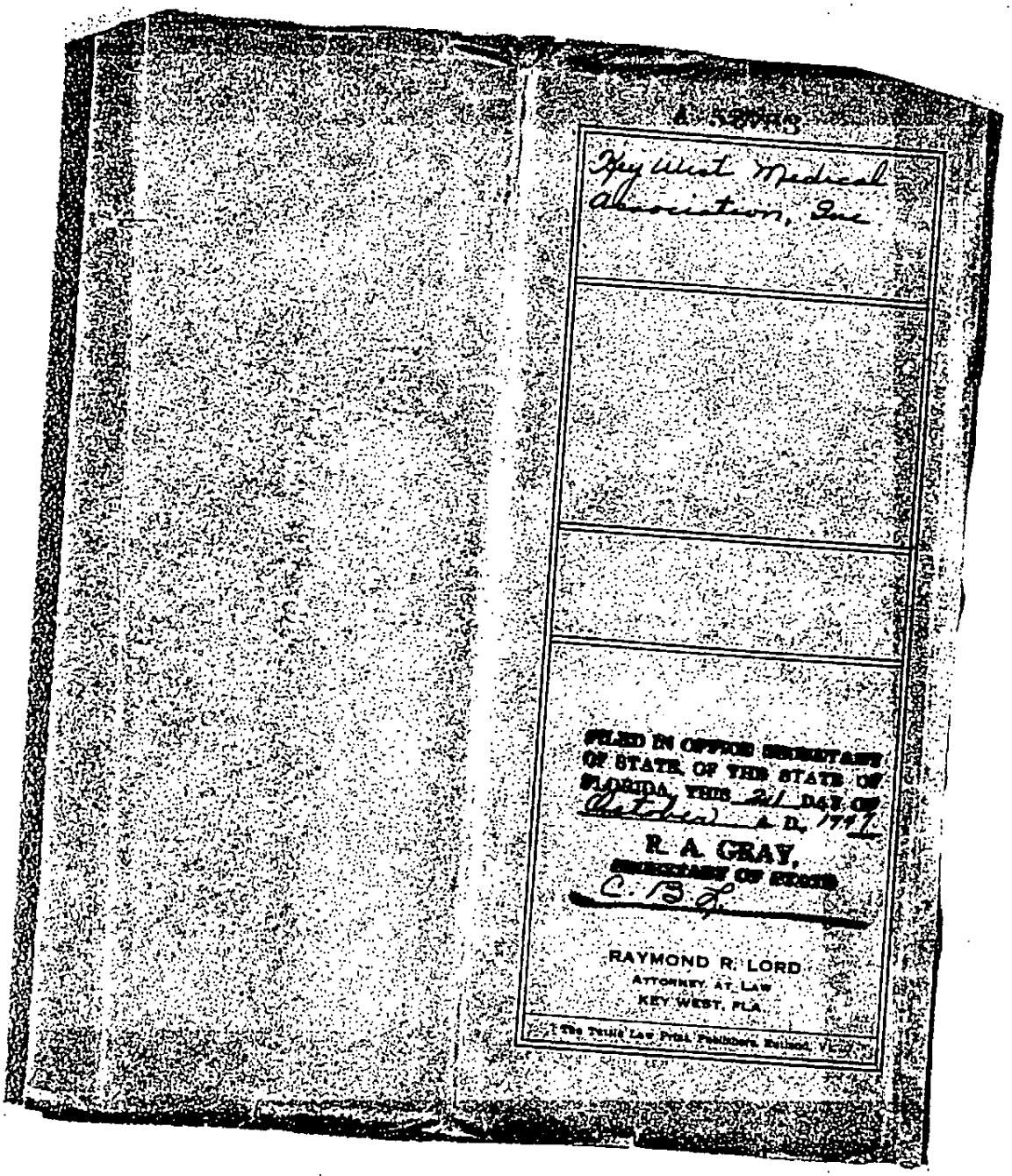
Key West Medical Association, Inc
FILED IN OFFICE SECRETARY OF STATE, OF THE STATE OF FLORIDA, THIS 21 DAY OF October A. D. 1941
R. A. GRAY, SECRETARY OF STATE
C. B. D.
RAYMOND R. LORD
ATTORNEY AT LAW
KEY WEST, FLA.

October 18, 1947

OCT 21 1947

SECRETARY OF STATE
Tallahassee, Florida

Mr. Raymond E.Lord,
Key West, Florida.

Dear Mr. Lord:-

I am returning herewith proposed charter of KEY WEST MEDICAL ASSOCIATION, INC., as the Notary has not taken the acknowledgment. You may complete and return to me for filing.

With kind regards, I am,

Yours very truly,

Secretary of State.

CHECK	10.00
FILING	5.00
R. AGENT'S FEE	2.00
C. COPY	3.00
TOTAL	20.00
IN BANK	20.00
BALANCE DUE	
REFUND	

RAYMOND R. LORD
ATTORNEY AT LAW
KEY WEST, FLORIDA

COUNTY JUDGE
MONROE COUNTY

October 16, 1947. OCT 18 1947

Hon. R. A. Gray
Secretary of State,
Tallahassee, Fla.

SECRETARY OF STATE
Tallahassee, Florida

Dear Mr. Gray:

Enclosed you will find proposed Charter of Key West Medical Association, Inc., which I trust that you will find in order and will incorporate for me. I am also enclosing my check in the sum of $19.00 to cover your filing fee, etc. (you charged this amount recently in the incorporation of Charley Toppino & Sons Co., Inc., with like number of shares of no par value stock) If this should be insufficient, I will be glad to remit the balance.

Kindly let me hear from you at your earliest convenience.

Sincerely yours,

Raymond R. Lord

RRL:av
Incls. 2.

Raymond R. Lord.

F. TAX
FILING
R. AGENT FEE
C. COPY
TOTAL
IN BANK
BALANCE DUE
REFUND

We, the undersigned, J. A. Valdes, Julio DePoo, Juan Silverio, and Raymond R. Lord, of Key West, Monroe County, Florida, do hereby certify that we have agreed and do hereby agree, to incorporate Key West Medical Association, Inc., under the Laws of the State of Florida, and certify and set forth the following as the proposed charter:

1. The name of this corporation shall be Key West Medical Association, Inc.,

2. The proposed place of business of said corporation shall be Key West, Monroe County, Florida. Said corporation may establish offices and branch places of business in such other cities and places within or without the State of Florida as the Board of Directors may designate.

3. The general nature of the business or businesses to be transacted by this corporation shall be to buy, sell, lease or hold real or personal property for farming, horticultural or agricultural purposes, including all necessary supplies, devices, implements and vehicles used in connection therewith or otherwise. To buy, sell, lease, barter or exchange real or personal property for other uses of this corporation, and for investment purposes or to use in such manner as the directiors of this corporation may decide. To acquire and hold stocks, bonds and other securities of corporations. To buy, sell and otherwise acquire boats, vessels and other water craft for the purpose of transportation, fishing, used by this corporation in the performance of its contracts and other work, and other marine commerce. To acquire equipment, furniture, and other paraphernalia used in the farming, general contracting, construction and repair work, or fishing business. To charter and hire or otherwise contract for the use of boats, and general construction equipment. To hire, charter or other-wise contract with other parties for the use of the boats owned by this corporation. To buy, sell, lease or otherwise aquire real estate for investment

or improvement purposes, as the directors of this corporation may decide. To borrow money and to mortgage the real estate or personal property of this corporation to secure said loans. To contract and be contracted with for the purpose of renovating, repairing, building or constructing roads, bridges, houses, factories and other construction work and to engage in the general contracting and construction business. To buy, sell, lease or mortgage building or buildings or other real estate for the purpose of operating hospital or hospitals and offices therein for the treatment of or operation on persons who are sick and in need of optical, medical, surgical, dental or other professional care and attention. To lend money and receive mortgages or other securities therefor. To execute promissory notes, drafts or other securities or documents that may be necessary or proper in connection with borrowing or loaning money or the purchase or selling of real and personal property. To conduct a cash or credit business. To purchase property, real or personal, for cash or credit, for the use of, and/or to be dealt in, by this corporation. To employ such agents, managers, servants and other persons as may be deemed necessary in the operation of the business and affairs of this corporation, and to do and perform all other acts and things proper, necessary and appurtenant to the general business of this corporation, and to exercise all rights and powers customary and usual for corporations to possess under the laws of the State of Florida, and to perform all the duties and assume all the liabilities required of corporations under the laws of the State of Florida.

4. The maximum number of shares of stock which this corporation is authorized to issue shall be Fifty (50) shares of a nominal or no par value; said stock to be common and non-assessable. Said stock may be paid for in United States currency, in real or personal property, or services rendered to said corporation; said real and personal property and services to be first agreed upon and approved by the Board of Directors of this corporation.

5. The amount of capital with which this corporation shall begin business shall not be less than Five Hundred ($500.00) Dollars, to be in cash or other property.

6. This corporation shall exist until dissolved by operation

of law.

7. The principal place in which this corporation shall be located shall be in the City of Key West, Monroe County, Florida, and such other places within and outside of the State of Florida as may be designated by the Board of Directors.

8. This corporation shall have four (4) directors who shall have the full power to conduct the affairs of this corporation and to exercise the powers herein conferred, and to appoint and elect such officers and agents as may be necessary to permit this corporation to transact its regular business, and to employ all such persons as managers, assistants, workmen and laborers as may be necessary in the operation of its affairs.

9. The names and post office addresses of the Board of directors , who shall act and hold office for the first year of this corporation's existence and until their successors are elected and qualified, shall be:

J. A. Valdes	Key West, Florida
Julio DePoo	Key West, Florida
Juan Silverio	Key West, Florida
Raymond R. Lord	Key West, Florida

10. The names and post office addresses of the subscribers hereof, and the number of shares to be held by each, are as follows:

Name	Address	No. of Shares
J. A. Valdes	Key West, Florida	10
Julio DePoo	Key West, Florida	10
Juan Silverio	Key West, Florida	10
Raymond R. Lord	Key West, Florida	1

11. The Board of Directors of this corporation shall have the power to elect a President, Vice-President, Secretary and Treasurer. The Secretary and Treasurer may be one person and designated as Secretary-Treasurer. Said officers shall be elected from the Directors who shall be officers of said corporation and

who shall have full power and exercise full authority as may be prescribed by the by-laws or resolutions of the Board of Directors. The Board of Directors shall be elected by the stockholders at a regular annual meeting, to be designated in the by-laws, or at any special meeting called for that purpose, after due notice to the stockholders of record, ten days prior to the said meeting, said notices to be written notices delivered by U. S. Mail, or by publication in a local newspaper. The Directors may prescribe by-laws for the government of the affairs of this corporation, defining and prescribing the duties and powers of the officers, fixing the dates of the meeting, and such other matters as may be necessary, not in conflict with these articles of incorporation, and not in conflict with the laws of the State of Florida, provided the said by-laws shall be approved by a majority of the stockholders representing a majority of the stock of record at a special or regular meeting.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this 16th day of October, A. D. 1947.

J. A. Valdes (seal)
J. A. Valdes

Julio DePoo (seal)
Julio DePoo

Juan Silverio (seal)
Juan Silverio

Raymond R. Lord (seal)
Raymond R. Lord

STATE OF FLORIDA,
COUNTY OF MONROE.

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgements, J.A.Valdes, Julio DePoo, Juan Silverio, and Raymond R. Lord, to me well known and known to me to be the individuals described in and who executed the foregoing articles of incorporation, and they acknowledged

before me that they executed same freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal at Key West, Monroe County, Florida, this 16th day of October, A. D. 1947.

Notary Public, State of Florida

My Commission Expires Sept 29, 1949

No. A- 52753 - a

NAME

KEY WEST MEDICAL

ASSOCIATION, INC.

FILED IN THE OFFICE OF
SECRETARY OF STATE
OF FLORIDA
11-13-47

R. A. GRAY
SECRETARY OF STATE

BY wf

STATE OF FLORIDA
OFFICE
SECRETARY OF STATE

Certificate Designating Place of Business or Domicile for the Service of Process within this State, Naming Agent Upon Whom Process May be Served and Names and Addresses of the Officers and Directors

In pursuance of Chapter 11829, Laws of Florida, 1927 Session, the following is submitted, in compliance with said Act:

First — That Key West Medical Association, Inc.

a corporation duly organized and existing under the laws of the State of Florida

with its principal place of business at City of Key West

County of Monroe, State of Florida

has designated and established 417 Eaton Street

City of Key West, County of Monroe

State of Florida, as its place of business or [redacted] for the service of process within this State, and named as its agents Julio DePoo

[redacted] service of process.

FILED
SECRETARY OF STATE
Tallahassee, Florida

OFFICERS:

NAME	SPECIFIC ADDRESS
Julio DePoo	2970 Staples Ave. Key West, Fla.
J. A. Valdes	1224 Duval St. Key West, Fla.
Juan Silverio	417 Eaton St., Key West, Fla.
Raymond R. Lord	1104 Division St., Key West, Fla.

DIRECTORS:

NAME	SPECIFIC ADDRESS
Julio DePoo	2970 Staples Ave. Key West, Fla.
J. A. Valdes	1224 Duval St. Key West, Fla.
Juan Silverio	417 Eaton St. Key West, Fla.
Raymond R. Lord	1104 Division St., Key West, Fla.

Key West Medical Association, Inc.

By Raymond R. Lord
Secretary.

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

Julio DePoo

NOTE — It is necessary to file this certificate within thirty days after filing Certificate of Incorporation, as to domestic Corporations, and within thirty days after issuance of permit to foreign corporations; and therefore only when corporation has changed its place of business or agent.

Filing fee, $1.00

OFFICE OF THE

SECRETARY OF STATE

STATE OF FLORIDA

TALLAHASSEE

R. A. GRAY
SECRETARY OF STATE

November 6, 1947

NOV 13 1947

SECRETARY OF STATE
Tallahassee, Florida

Mr. Raymond R. Lord
1104 Division St.,
Key West, Fla.

Dear Sir:

I am returning Certificate as to Officers, Directors and Resident Agent for KEY WEST MEDICAL ASSOCIATION, INC. to be signed by the Resident Agent.

With kind regards, I am

Cordially yours,

R. A. Gray

Secretary of State

/wf
Encl/

No. 4-52-NS-0

Tax for Years

OK 4r 48

CORPORATION REPORT AND TAX RETURN OF

Key West Medical Center, Inc

P. O. ADDRESS

Filed in the office of the Secretary of State of the State of Florida, this

day of JUL 22 1965

A. D. 19

Secretary of State.

FROM
R. A. GRAY
SECRETARY OF STATE
TALLAHASSEE, FLA.

SEC. 562—P. L. & R.
PERMIT NO. 5
TALLAHASSEE, FLA.

KEY WEST MEDICAL ASSOCIATION, INC.
2970 Staples Ave.
Key West Florida

(DO NOT DETACH)

CHAPTER 14677—ACTS OF 1931—REQUIRING THE FILING OF THIS REPORT—(AS AMENDED)

AN ACT Requiring Corporations Authorized to do Business in the State of Florida, Both Foreign and Domestic, Annually to File with the Secretary of State Certain Reports and to Pay a Certain Tax in the Nature of Filing Fee Thereon.

Section 1. All corporations, except such as are specifically exempted in Section 6 of this Act including those corporations heretofore incorporated under the laws of the State of Florida and those that may hereafter be incorporated under the laws of the State of Florida and all foreign corporations which heretofore have been or may hereafter be authorized to do business in the State of Florida, be and the same are hereby required to file with the Secretary of State on July 1st of each year a sworn report on such form as the Secretary of State shall prescribe, giving the names of the officers and directors and the Post Office address of each, the home office of the corporation, the name and address of the resident agent upon whom service of process may be made, the main line of business engaged in by the corporation, the date of the last meeting of its Board of Directors whether the corporation has been actively engaged in business during the previous twelve months or if its charter powers have been dormant and unused during that period, the number of the shares of the capital stock of such corporation with the par value thereof, the total amount of capital stock and if a foreign corporation the amount of its capital stock allocated for use in the State of Florida, and such other information as may be needed to show if the corporation is active or inactive, and such other information as may be necessary for the Secretary of State to have in carrying out the provisions of this Act.

Section 2. Every corporation required to file reports as provided in Section 1 of this Act shall pay to the Secretary of State for the use of the State of Florida a filing fee or tax according to the schedule set forth in this section which, however, shall in no instance be less than $10.00 nor greater than $1,000.00.

Schedule for Filing Fees

For all corporations with capital stock not exceeding $10,000.00	$ 10.00
For Capital Stock of over $10,000.00 and not over $25,000.00	25.00
For Capital Stock of over $25,000.00 and not over $50,000.00	50.00
For Capital Stock of over $50,000.00 and not over $100,000.00	75.00
For Capital Stock of over $100,000.00 and not over $200,000.00	100.00
For Capital Stock of over $200,000.00 and not over $500,000.00	200.00
For Capital Stock of over $500,000.00 and not over $1,000,000.00	500.00
For Capital Stock of over $1,000,000.00 and not over $2,000,000.00	750.00
For Capital Stock over $2,000,000.00	1,000.00

The Capital Stock above mentioned refers to the invested capital represented by shares of stock outstanding.

Section 3. The Secretary of State shall prescribe the form and furnish the blanks upon request to make the annual reports called for in this law. The Secretary of State shall examine the reports when received and if the information called for is given in such reports he shall file the same as information and keep such reports as public records. He shall pay into the state treasury to be used for such purposes as the Legislature may determine all moneys collected under the provisions of this law. Such amounts for printing form, postage, files, clerical and other expenses found to be actually necessary in carrying out the provisions of this law are appropriated from such funds not to exceed fifteen thousand dollars annually.

Section 4. The Secretary of State shall cause a notice of the requirements of this Act to be mailed to the last known address of every corporation doing business in the State of Florida which shall fail to file within thirty days after July first, the report called for herein and/or pay the filing fee or tax herein imposed. Every corporation which shall fail to comply with the provisions of this Act within three months after July 1st of each year shall be deemed to be no longer exercising its charter of corporate privilege in this State.

Section 5. Any corporation failing to comply with the provisions of this Act for six months shall forfeit its corporate and charter privileges and shall not be permitted to maintain any action in any court in this State until such reports are filed and all fees due hereunder paid. On January first of each year the Secretary of State shall make up a list of the corporations of record in his office which have failed to comply with the provisions of this Act and shall mail a copy of such lists to the Clerk of the Circuit Courts, and Civil Courts of Record, the Circuit Judges and the Justices of the Peace of this State.

Section 6. The following shall be exempt from the provisions of this Act: railroad companies, Pullman companies, telephone and telegraph companies, bank and trust companies, building and loan associations, insurance companies, co-operative marketing associations and corporations not for profit; these corporations and companies so exempt from the operation of this Act being regulated by paying excise taxes under other provisions of law.

Section 7. Nothing in this Act shall be construed as to apply to a corporation that has been adjudged bankrupt or dissolved by order of the court, however, such corporations shall file a statement with the Secretary of State setting forth their status in this respect but shall not be required to pay a tax.

Section 8. The Secretary of State shall mail statement as required in Section 4 to corporations of record subject to the provisions of this Act, giving notice of the time in which reports must be filed; provided, however, in case of any Florida corporations having been organized less than twelve months prior to July 1st of any year in which reports are due to be filed and the tax due to be paid and in case of any foreign corporation which has been authorized to do business in Florida for less than twelve months at the time the report is due to be made and the tax is due to be paid, then in that event, the tax due for that year shall be pro-rated according to the number of months the corporation has been in existence or authorized to do business in this State.

Section 9. All statements required to be filed under this law shall be for the calendar year and shall be due to be filed on July first of such year and the tax payable thereon shall be due to be paid at that time.

Section 10. Any clause or section of this Act which, for any reason, may be held or declared invalid may be eliminated and the remaining portions thereof shall be and remain in full force and be valid in the same manner and to the same extent as if such invalid clause or section had not been incorporated therein.

Section 11. Any corporation paying the maximum fee herein provided for shall not be required to file any reports whatsoever as required by the provisions of this Act.

Section 12. In the event the shares of stock of any such corporations should be no par value, then for the purpose of this Act, each share shall be deemed or presumed to have value of at least $100.00 per share, which presumption may be overcome by actual proof submitted to the Secretary of State. For the purpose of this Act the Secretary of State is hereby authorized to make such investigation as he may consider necessary and to increase or decrease the value of no-par value stock as he may determine to be correct from the proof submitted.

Approved May 28, 1931.

(DO NOT DETACH)

Form D. C. T. R.—For Domestic Corporations.

Corporation Report and Tax Returns

to the

Secretary of State of Florida

As required by Senate Bill 734, Chap. 14677 (as amended) Laws of Florida, 1931

Date Rec. JUL 29 1948

Amt. Rec. 6.67

Amt. of Tax

HON. R. A. GRAY, Secretary of State,
Tallahassee, Florida.

SIR:

In compliance with the law above referred to we submit below information called for and enclose remittance for $ 6.67 to pay the tax imposed by said law.

(1) That Key West Medical Association, Inc.,
(Give correct name of corporation)

Principal place of business 417 Eaton Street Key West, Florida

Insert to whom receipt is to be mailed Dr. J. A. Valdes

a corporation duly organized and existing under the laws of the State of Florida, with its principal place of business within the State at 417 Eaton St. Key West, County of Monroe, has designated and established 417 Eaton Street
(Street or Building)

City of Key West, County of Monroe, State of Florida, as its place of business or domicile for the service of process within the State, and has named and does hereby name as its agent Dr. J. A. Valdes

(2) NAMES AND ADDRESSES OF OFFICERS: BE SURE AND AFFIX TITLES:

Name		Address
Dr. Julio De Poo	President	Key West, Florida
Dr Juan Silverio	Vice President	"
Raymond H. Lord	Secretary	"
DR. J. A. Valdes	Treasurer	"

(3) NAMES AND ADDRESSES OF DIRECTORS:

Name	Address
same as above	

(4) General nature of main business engaged in Medical Clinic.

(5) Date incorporated October 1947

(See copy of law printed herein).

Date of last meeting of Board of Directors _____

Is Corporation active? Yes If inactive, state how long _____

Is the purpose of the Corporation to begin operations in the future? _____

CAPITAL STOCK STATEMENT

(6) The total authorized capital stock as follows:

_____ shares of the par value of _____ each

50 shares without nominal or par value

OUTSTANDING CAPITAL STOCK AS FOLLOWS:

_____ shares of the par value of _____ each $_____

31 shares without nominal or par value, fixed by law for purpose of taxation at $100.00 per share . . . . . $ 3,100.00

(See Section 12)

Total outstanding capital stock . . . . . $ 3,100.00

Tax as per schedule . . . . . 8 months . . . $ 6.67

Note:—In the case of no par value shares, a financial statement should be submitted to show the actual value, and this will be the basis of the taxation.

Only one report necessary where more than one year's tax is paid at the time of filing.

(7) We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

(SEAL) _____

By President or Vice-President

ATTEST:

_____

Secretary

STATE OF FLORIDA,

COUNTY OF _____

Personally appeared before me _____

who deposes and says that he executed this certificate for and in behalf of said corporation, and that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this _____ day of _____, 19____

(SEAL)

_____

(Signature of officer taking acknowledgment)

No. A-52753-C

Tax for Years

-1949-

CORPORATION REPORT AND TAX RETURN OF

Key West Medical Association, Inc.

P. O. ADDRESS .....

Filed in the office of the Secretary of State of the State of Florida, this APR 6 1949 day of .....

A. D. 19.....

.....

Secretary of State.

FROM

R. A. GRAY
SECRETARY OF STATE
TALLAHASSEE, FLA.

SEC. 5[redacted]
PE[redacted]
TALLA[redacted]

Mr. Julio DePoe
KEY WEST MEDICAL ASSOCIATION, INC. 1
2970 Staples Ave.,
Key West, Florida

(DO NOT DETACH)

CHAPTER 14677—ACTS OF 1931—REQUIRING THE FILING OF THIS REPORT—(AS AMENDED)

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Section 2. Every corporation required to file reports as provided in Section 1 of this Act shall pay to the Secretary of State for the use of the State of Florida a filing fee or tax according to the schedule set forth in this section which, however, shall in no instance be less than $10.00 nor greater than $1,000.00.

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For Capital Stock of over $50,000.00 and not over $100,000.00	75.00
For Capital Stock of over $100,000.00 and not over $200,000.00	100.00
For Capital Stock of over $200,000.00 and not over $500,000.00	200.00
For Capital Stock of over $500,000.00 and not over $1,000,000.00	500.00
For Capital Stock of over $1,000,000.00 and not over $3,000,000.00	750.00
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Section 4. The Secretary of State shall cause a notice of the requirements of this Act to be mailed to the last known address of every corporation doing business in the State of Florida which shall fail to file within thirty days after July first, the report called for herein and/or pay the filing fee or tax herein imposed. Every corporation which shall fail to comply with the provisions of this Act within three months after July 1st of each year shall be deemed to be no longer exercising its charter or corporate privilege in this State.

Section 5. Any corporation failing to comply with the provisions of this Act for six months shall forfeit its corporate and charter privileges and shall not be permitted to maintain any action in any court in this State until such reports are filed and all fees due hereunder paid. On January first of each year the Secretary of State shall make up a list of the corporations of record in his office which have failed to comply with the provisions of this Act and shall mail a copy of such lists to the Clerk of the Circuit Courts, and Civil Courts of Record, the Circuit Judges and the Justices of the Peace of this State.

Section 6. The following shall be exempt from the provisions of this Act: railroad companies, Pullman companies, telephone and telegraph companies, bank and trust companies, building and loan associations, insurance companies, co-operative marketing associations and corporations not for profit; these corporations and companies so exempt from the operation of this Act being regulated by paying excise taxes under other provisions of law.

Section 7. Nothing in this Act shall be construed as to apply to a corporation that has been adjudged bankrupt or dissolved by order of the court, however, such corporations shall file a statement with the Secretary of State setting forth their status in this respect but shall not be required to pay a tax.

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Section 11. Any corporation paying the maximum fee herein provided for shall not be required to file any reports whatsoever as required by the provisions of this Act.

Section 12. In the event the shares of stock of any such corporations should be no par value, then for the purpose of this Act, each share shall be deemed or presumed to have value of at least $100.00 per share, which presumption may be overcome by actual proof submitted to the Secretary of State. For the purpose of this Act the Secretary of State is hereby authorized to make such investigation as he may consider necessary and to increase or decrease the value of no-par value stock as he may determine to be correct from the proof submitted.

Approved May 28, 1931.

(DO NOT DETACH)

Form D. C. T. R.—For Domestic Corporations.

Corporation Report And Tax Returns

to the

Secretary of State of Florida

As required by Senate Bill 734, Chap. 14677 (as amended) Laws of Florida, 1931

Date Rec. APR 6 1949

Amt. Rec. 10.00

Amt. of Tax.....

HON. R. A. GRAY, Secretary of State,
Tallahassee, Florida.

SIR:

In compliance with the law above referred to we submit below information called for and enclose remittance for $ 10.00 to pay the tax imposed by said law.

(1) That KEY WEST MEDICAL ASSOCIATION INC.
(Give correct name of corporation)

Principal place of business 419 EATON STREET, KEY WEST, FLORIDA

Insert to whom receipt is to be mailed Dr. J.A.Valdes, 419 Eaton Street, Key West, Florida

a corporation duly organized and existing under the laws of the State of Florida, with its principal place of business within the State at 419 Eaton Street, Key West, Florida County of Monroe, has designated and established 419 Eaton Street
(Street or Building)

City of Key West, County of Monroe, State of Florida, as its place of business or domicile for the service of process within the State, and has named and does hereby name as its agent

(2) NAMES AND ADDRESSES OF OFFICERS: BE SURE AND AFFIX TITLES:

	Name	Address
President	Dr. Julio De Poo	Staples Ave, Key West, Florida
Secretary	Raymond R. Lord	Division Street, Key West, Florida
Treasurer	Dr. J. A. Valdes	Duval Street, Key West, Florida

(3) NAMES AND ADDRESSES OF DIRECTORS:

Name	Address
Dr. Julio De Poo	Staples Ave, Key West, Florida
Raymond R. Lord	Division Street, Key West, Florida
Dr. J. R. Valdes	Duval Street, Key West, Florida

(4) General nature of main business engaged in Operation of a hospital

(5) Date incorporated 10/21/47

(See copy of law printed herein).

Date of last meeting of Board of Directors.....

Is Corporation active? Yes ..... If inactive, state how long.....

Is the purpose of the Corporation to begin operations in the future?.....

CAPITAL STOCK STATEMENT

(6) The total authorized capital stock as follows:

.....shares of the par value of..... each

50 .....shares without nominal or par value

OUTSTANDING CAPITAL STOCK AS FOLLOWS:

.....shares of the par value of..... each $.....

50 .....shares without nominal or par value, fixed by law for purpose of taxation at $100.00 par shares . . . $ 5,000.00

(See Section 12) Total outstanding capital stock . . . . . $ 5,000.00

Tax as per schedule . . . . . $ 10.00

Note:—In the case of no par value shares, a financial statement should be submitted to show the actual value, and this will be the basis of the taxation.

Only one report necessary where more than one year's tax is paid at the time of filing.

(7) We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

(SEAL) ..... By President or Vice-President

ATTEST:

..... Secretary

STATE OF FLORIDA,

COUNTY OF .....

Personally appeared before me.....

who deposes and says that he executed this certificate for and in behalf of said corporation, and that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this..... day of

..... 19.....

(SEAL)

..... (Signature of officer taking acknowledgment)

No. J-52-753-D

Tax for Years

1950

CORPORATION REPORT AND TAX RETURN OF

Key West Medical Association, Inc.

P. O. ADDRESS .....

.....

Filed in the office of the Secretary of State of the State of Florida, this MAY 25 1951 day of .....

A. D. 19.....

.....

Secretary of State.

ROBINSONS INC. - TALLAHASSEE

FROM
R. A. GRAY
SECRETARY OF STATE
TALLAHASSEE, FLA.

SEC. 34.66—P. L. & R.
PERMIT NO. 6
TALLAHASSEE, FLA.

$14.25

Mr. Julio DePoo
KEY WEST MEDICAL ASSOCIATION, INC.
2970 Staples Ave.
Key West, Florida

(DO NOT DETACH)

ANNUAL CORPORATION CAPITAL STOCK TAX LAW

610.07. Annual report of corporation; contents. — All corporations, including those heretofore incorporated under the laws of this state and those that may hereafter be incorporated and all foreign corporations which have heretofore been or may hereafter be authorized to do business in this state, except railroad companies, pullman companies, telephone and telegraph companies, banking and trust companies, building and loan associations, insurance companies, cooperative marketing associations and corporations not for profit, are required to file with the Secretary of State on July 1st of each year a sworn report on such form as the Secretary of State shall prescribe, giving the names of the officers and directors and the post office address of each, the home office of the corporation, the name and address of the resident agent upon whom service of process may be made, the main line of business engaged in by the corporation, the date of the last meeting of its board of directors, whether the corporation has been actively engaged in business during the previous twelve months or if its charter powers have been dormant and unused during that period, the number of the shares of the capital stock of such corporations with the par value thereof, the total amount of capital stock and if a foreign corporation the amount of its capital stock allocated for use in the State of Florida, and such other information as may be needed to show if the corporation is active or inactive, and such other information as may be necessary for the Secretary of State to have in carrying out the provisions of this law.

610.08. Schedule of filing fees. — Every corporation required to file reports as aforesaid shall pay to the Secretary of State for the use of the State of Florida, a filing fee or tax according to the schedule set forth in this section, which, however, shall in no instance be less than ten dollars nor greater than one thousand dollars.

SCHEDULE FOR FILING FEES

For all corporations with capital stock not exceeding $10,000.00	$ 10.00
For capital stock of over $10,000.00 and not over $25,000.00	25.00
For capital stock of over $25,000.00 and not over $50,000.00	50.00
For capital stock of over $50,000.00 and not over $100,000.00	75.00
For capital stock of over $100,000.00 and not over $200,000.00	100.00
For capital stock of over $200,000.00 and not over $500,000.00	200.00
For capital stock of over $500,000.00 and not over $1,000,000.00	500.00
For capital stock of over $1,000,000.00 and not over $2,000,000.00	750.00
For capital stock of over $2,000,000.00	1,000.00

The capital stock above mentioned refers to the invested capital represented by shares of stock outstanding.

610.09. Duties of Secretary of State. — The Secretary of State shall prescribe the form and furnish the blanks upon request to make the annual reports called for in this law. The Secretary of State shall examine the reports when received and if the information called for is given in such reports he shall file the same as information and keep such reports as public records. He shall pay into the State Treasury to be used for such purposes as the legislature may determine all moneys collected under the provisions of this law. Such amounts for printing form, postage, files, clerical and other expenses found to be actually necessary in carrying out the provisions of this law are appropriated from such funds not to exceed Fifteen Thousand Dollars annually.

610.10. Mailing of notices to corporation. — The Secretary of State shall cause a notice of the requirement of this law to be mailed to the last known address of every corporation doing business in the State of Florida which shall fail to file within thirty days after July first, the report called for in this chapter or pay the filing fee of tax imposed. Every corporation which shall fail to comply with the provisions of this law within three months after July 1st of each year shall be deemed to be no longer exercising its charter or corporate privilege in this state; provided, however, in case of any Florida corporations having been organized less than twelve months prior to July 1st of any year in which the reports are due to be filed and the tax due to be paid and in case of any foreign corporation which has been authorized to do business in Florida for less than twelve months at the time the report is due to be made and the tax is due to be paid, then in that event, the tax due for that year shall be pro rated according to the number of months the corporation has been in existence or authorized to do business in this state.

610.11. Penalty for failure to file report. — Any corporation failing to comply with the provisions of this law for six months shall not be permitted to maintain or defend any action in any court of this state until such reports are filed and all fees due under this chapter paid.

610.12. Bankrupt and dissolved corporations. — Nothing in this law shall be construed as to apply to a corporation that has been adjudged bankrupt or dissolved by order of the court; however, such corporations shall file a statement with the Secretary of State setting forth their status in this respect but shall not be required to pay a tax.

610.13. Period to be covered by statement. — All statements required to be filed under this law shall be for the calendar year and shall be due to be filed on July first of such year and the tax payable thereon shall be due to be paid at that time.

610.14. Corporations paying maximum fee. — Any corporation paying the maximum fee provided for in this chapter shall not be required to file any reports whatsoever as required by the provisions of this law.

610.15. No par value stock; valuation. — In the event the shares of stock of any such corporation shall be no par value, then for the purposes of this law, each share shall be deemed or presumed to have a value of at least one hundred dollars per share, which presumption may be overcome by actual proof submitted to the Secretary of State. For the purposes of this law the Secretary of State shall make such investigation as he may consider necessary and increase or decrease the value of no par value stock as he may determine to be correct; and in so doing the Secretary of State may take into consideration all facts tending to show the fair market value of the stock including the sale price of the stock, the amount of the surplus of the corporation and such other pertinent facts as he may deem advisable.

(DO NOT DETACH)

Form D.C.T.R.—For Domestic Corporations

Corporation Report and Tax Returns

to the

Secretary of State of Florida

As required by Senate Bill 734, Chap. 14677 (as amended) Laws of Florida, 1931

MAY 25 1951

Date Rec.

Amt. Rec. 10.00

Amt. of Tax

HON. R. A. GRAY, Secretary of State,
Tallahassee, Florida.

SIR:

In compliance with the law above referred to we submit below information called for and enclose remittance for $ to pay the tax imposed by said law.

(1) That Key West Medical Association, Inc.
(Give correct name of corporation)

Principal place of business 417 Eaton Street, Key West, Monroe County, Florida.

Insert to whom receipt is to be mailed Dr. Julio DePoo, at the above address.

a corporation duly organized and existing under the laws of the State of Florida, with its principal place of business within the State at Monroe, County of Key West, has designated and established 412 Eaton Street.
(Street or Building)

City of Key West, County of Monroe, State of Florida, as its place of business or domicile for the service of process within the State, and has named and does hereby name as its agent Raymond R. Lord, attorney, County Court House Building (County Judge's Office) Key West, Florida.

(2) NAMES AND ADDRESSES OF OFFICERS: BE SURE AND AFFIX TITLES:

Name	Address
Dr. Julio DePoo, President,	417 Eaton Street, Key West, Florida.
Dr. J. Garcia, Vice President,	417 Eaton Street, Key West, Florida.
Dr. Mario Fernandez, Treasurer,	417 Eaton Street, Key West, Florida.
Raymond R. Lord, Secretary,	County Court House, Key West, Florida.

(3) NAMES AND ADDRESSES OF DIRECTORS:

Name	Address
The above officers constitute the only members of the Board of Directors.	

(4) General nature of main business engaged in Operation of Hospital and Medical Laboratory.

(5) Date incorporated Oct. 21, 1947.

(See copy of law printed herein).

Date of last meeting of Board of Directors May 16, 1951.

Is Corporation active? yes If inactive, state how long

Is the purpose of the Corporation to begin operations in the future? Now in operation

CAPITAL STOCK STATEMENT

(6) The total authorized capital stock as follows:

shares of the par value of each

20 shares without nominal or par value

OUTSTANDING CAPITAL STOCK AS FOLLOWS:

shares of the par value of each $

31 shares without nominal or par value, actual

(Be sure and show number of shares issued and their actual value. Evidence of actual value may be shown by a condensed sheet.) $50.00 each

Total $1550.00

Total outstanding capital stock $1550.00

Tax as per schedule . . . . . $ 10.00

Only one report necessary where more than one year's tax is paid at the time of filing.

(7) We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

(SEAL)

Julio DePoo M.D

By President

ATTEST:

Raymond P. Lord

Secretary

STATE OF FLORIDA,

COUNTY OF Monroe.

Personally appeared before me Dr. Julio DePoo, as President of Key West Medical Association, Inc., a Florida Corporation,

who deposes and says that he executed this certificate for and in behalf of said corporation, and that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 18th day of May, 19 51.

(SEAL)

Agnes W. Villar

(Signature of officer taking acknowledgment)

Notary Public, State of Florida at large
My commission expires August 4, 1953.
Bonded by American Surety Co. of N. Y.

No. J-52-753 E

Tax for Years

1951

CORPORATION REPORT AND TAX RETURN OF

Key West Medical Association, Inc.

P. O. ADDRESS

Filed in the office of the Secretary of State of the State of Florida, this

day of JUN 11 1952

A. D. 19

Secretary of State.

FROM

R. A. GRAY

SECRETARY OF STATE

TALLAHASSEE, FLA.

SEC. 34.66—P.L.&R.
PERMIT NO. 6
TALLAHASSEE, FLA.

Dr. Julio DePoo
KEY WEST MEDICAL ASSOCIATION, INC.
417 Eaton Street
Key West, Florida

(DO NOT DETACH)

ANNUAL CORPORATION CAPITAL STOCK TAX LAW

610.07. Annual report of corporation; contents. — All corporations, including those heretofore incorporated under the laws of this state and those that may hereafter be incorporated and all foreign corporations which have heretofore been or may hereafter be authorized to do business in this state, except railroad companies, pullman companies, telephone and telegraph companies, banking and trust companies, building and loan associations, insurance companies, cooperative marketing associations and corporations not for profit, are required to file with the Secretary of State on July 1st of each year a sworn report on such form as the Secretary of State shall prescribe, giving the names of the officers and directors and the post office address of the resident agent upon whom service of process may be made, the main line of business engaged in by the corporation, the date of the last meeting of its board of directors, whether the corporation has been actively engaged in business during the previous twelve months or if its charter powers have been dormant and unused during that period, the number of the shares of the capital stock of such corporations with the par value thereof, the total amount of capital stock and if a foreign corporation the amount of its capital stock allocated for use in the State of Florida, and such other information as may be needed to show if the corporation is active or inactive, and such other information as may be necessary for the Secretary of State to have in carrying out the provisions of this law.

610.08 Schedule of filing fees.—Every corporation required to file reports as aforesaid shall pay to the Secretary of State for the use of the State of Florida, a filing fee or tax according to the schedule set forth in this section, which, however, shall in no instance be less than ten dollars nor greater than one thousand dollars.

SCHEDULE FOR FILING FEES

For all corporations with capital stock not exceeding $10,000.00	$ 10.00
For capital stock of over $10,000.00 and not over $25,000.00	$ 25.00
For capital stock of over $25,000.00 and not over $50,000.00	50.00
For capital stock of over $50,000.00 and not over $100,000.00	75.00
For capital stock of over $100,000.00 and not over $200,000.00	100.00
For capital stock of over $200,000.00 and not over $500,000.00	200.00
For capital stock of over $500,000.00 and not over $1,000,000.00	500.00
For capital stock of over $1,000,000.00 and not over $2,000,000.00	750.00
For capital stock or over $2,000,000.00	1,000.00

The capital stock above mentioned refers to the invested capital represented by shares of stock outstanding.

610.09. Duties of Secretary of State.—The Secretary of State shall prescribe the form and furnish the blanks upon request to make the annual reports called for in this law. The Secretary of State shall examine the reports when received and if the information called for is given in such reports he shall file the same as information and keep such reports as public records. He shall pay into the State Treasury to be used for such purposes as the legislature may determine all moneys collected under the provisions of this law. Such amounts for printing form, postage, files, clerical and other expenses found to be actually necessary in carrying out the provisions of this law are appropriated from such funds not to exceed Fifteen Thousand Dollars annually.

610.10. Mailing of notices to corporation.—The Secretary of State shall cause a notice of the requirement of this law to be mailed to the last known address of every corporation doing business in the State of Florida which shall fail to file within thirty days after July first, the report called for in this chapter or pay the filing fee of tax imposed. Every corporation which shall fail to comply with the provisions of this law within three months after July 1st of each year shall be deemed to be no longer exercising its charter or corporate privilege in this state; provided, however, in case of any Florida corporations having been organized less than twelve months prior to July 1st of any year in which the reports are due to be filed and the tax due to be paid and in case of any foreign corporation which has been authorized to do business in Florida for less than twelve months at the time the report is due to be made and the tax is due to be paid, then in that event, the tax due for that year shall be pro rated according to the number of months the corporation has been in existence or authorized to do business in this state.

610.11. Penalty for failure to file report—Any corporation failing to comply with the provisions of this law for six months shall not be permitted to maintain or defend any action in any court of this state until such reports are filed and all fees due under this chapter paid.

610.12. Bankrupt and dissolved corporations. — Nothing in this law shall be construed as to apply to a corporation that has been adjudged bankrupt or dissolved by order of the court, however, such corporations shall file a statement with the Secretary of State setting forth their status in this respect but shall not be required to pay a tax.

610.13. Period to be covered by statement.—All statements required to be filed under this law shall be for the calendar year and shall be due to be filed on July first of such year and the tax payable thereon shall be due to be paid at that time.

610.14. Corporations paying maximum fee.—Any corporation paying the maximum fee provided for in this chapter shall not be required to file any reports whatsoever as required by the provisions of this law.

610.15. No par value stock; valuation.—In the event the shares of stock of any such corporation shall be no par value, then for the purposes of this law, each share shall be deemed or presumed to have a value of at least one hundred dollars per share, which presumption may be overcome by actual proof submitted to the Secretary of State. For the purposes of this law the Secretary of State shall make such investigation as he may consider necessary and increase or decrease the value of no par value stock as he may determine to be correct; and in so doing the Secretary of State may take into consideration all facts tending to show the fair market value of the stock including the sale price of the stock, the amount of the surplus of the corporation and such other pertinent facts as he may deem advisable.

Section 6. The following shall be exempt from the provisions of this Act: railroad companies, Pullman companies, telephone and telegraph companies, bank and trust companies, building and loan associations, insurance companies, co-operative marketing associations, and corporations not for profit; these corporations and the companies so exempt from the operation of this Act being regulated by or paying excise taxes under other provisions of law. (Acts 1931)

(DO NOT DETACH)

Form D.C.T.R.—For Domestic Corporations

Corporation Report and Tax Returns

to the

Secretary of State of Florida

As required by Senate Bill 734, Chap. 14677 (as amended) Laws of Florida, 1931

Date Rec. JUN 11 1952

Amt. Rec. 10.00

Amt. of Tax _____

HON. R. A. GRAY, Secretary of State,
Tallahassee, Florida.

SIR:

In compliance with the law above referred to we submit below information called for and enclose remittance for $ 10.00 to pay the tax imposed by said law.

(1) That Key West Medical Association, Inc.
(Give correct name of corporation)

Principal place of business 417 Eaton St.

Insert to whom receipt is to be mailed Galay Memorial Hospital

a corporation duly organized and existing under the laws of the State of Florida, with its principal place of business within the State at Florida, County of Monroe, has designated and established 417 Eaton Street City of Key West, Florida, County of Monroe, State of Florida, as its place of business or domicile for the service of process within the State, and has named and does hereby name as its agent Julio J. daPoo M.D.

(2) NAMES AND ADDRESSES OF OFFICERS: BE SURE AND AFFIX TITLES:

Name		Address
Julio J. daPoo M.D.	Pres.	78 Hilton Haven
Mario Fernandez	Treasurer	415 Eaton St.
Raymond Lord	Sec.	909 Laird St.
A. Garcia	V. Pres.	417 Eaton St.

(3) NAMES AND ADDRESSES OF DIRECTORS:

Name	Address
Dr. Julio DaPoo,	417 Eaton Street, Key West, Florida
Dr. Mario Fernandez,	417 Eaton Street, Key West, Fla.
Dr. A. Garcia,	417 Eaton St., Key West, Fla.
Raymond R. Lord,	County Court House, Key West, Fla.

(4) General nature of main business engaged in Hospital

(5) Date incorporated October 21, 1947

(See copy of law printed herein).

Date of last meeting of Board of Directors October 21, 1952.

Is Corporation active? Yes If inactive, state how long

Is the purpose of the Corporation to begin operations in the future? No

CAPITAL STOCK STATEMENT

(6) The total authorized capital stock as follows:

shares of the par value of each

50 shares without nominal or par value

OUTSTANDING CAPITAL STOCK AS FOLLOWS:

shares of the par value of each $

31 shares without nominal or par value, actual

(Be sure and show number of shares issued and their actual value. Evidence of actual value may be shown by a condensed sheet.) . . . . . $ 50.00

Total outstanding capital stock . . . . . $ 1550.00

Tax as per schedule . . . . . $ 10.00

ONLY ONE REPORT NECESSARY WHERE MORE THAN ONE YEAR'S TAX IS PAID AT THE TIME OF FILING.

(7) We, the undersigned, certify the above state of facts to be true and correct as shown by our books.

(SEAL) Jules DePas M.D. Pres

By President or Vice-President

ATTEST: Raymond Ford

Secretary

STATE OF FLORIDA,

COUNTY OF Monroe.

Personally appeared before me Dr. Jules DePas

who deposes and says that he executed this certificate for and in behalf of said corporation, and that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 5th day of June, 1952.

(SEAL) Agnes W. Dillar

(Notary Public, State of Florida at Large)

My commission expires August 4, 1953.

Bonded by American Surety Co. of N. Y.

No. 52-753-F

Tax for Years

1952

CORPORATION REPORT AND TAX RETURN OF

Key West Medical Association, Inc.

P. O. ADDRESS

Filed in the office of the Secretary of State of the State of Florida, this

day of JUN 16 1952

A. D. 19

Secretary of State.

THE E. O. PAINTER PRINTING CO., DELAND, FLA.—16880

FROM

R. A. GRAY

SECRETARY OF STATE

TALLAHASSEE, FLA.

SEC. 34.66—P.L.&R.
PERMIT NO. 9
TALLAHASSEE, FLA.

(DO NOT DETACH)

ANNUAL CORPORATION CAPITAL STOCK TAX LAW

610.07. Annual report of corporation; contents. — All corporations, including those heretofore incorporated under the laws of this state and those that may hereafter be incorporated and all foreign corporations which have heretofore been or may hereafter be authorized to do business in this state, except railroad companies, pullman companies, telephone and telegraph companies, banking and trust companies, building and loan associations, insurance companies, cooperative marketing associations and corporations not for profit, are required to file with the Secretary of State on July 1st of each year a sworn report on such form as the Secretary of State shall prescribe, giving the names of the officers and directors and the post office address of the resident agent upon whom service of process may be made, the main line of business engaged in by the corporation, the date of the last meeting of its board of directors, whether the corporation has been actively engaged in business during the previous twelve months or if its charter powers have been dormant and unused during that period, the number of the shares of the capital stock of such corporations with the par value thereof, the total amount of capital stock and if a foreign corporation the amount of its capital stock allocated for use in the State of Florida, and such other information as may be needed to show if the corporation is active or inactive, and such other information as may be necessary for the Secretary of State to have in carrying out the provisions of this law.

610.08. Schedule of filing fees.—Every corporation required to file reports as aforesaid shall pay to the Secretary of State for the use of the State of Florida, a filing fee or tax according to the schedule set forth in this section, which, however, shall in no instance be less than ten dollars nor greater than one thousand dollars.

SCHEDULE FOR FILING FEES

For all corporations with capital stock not exceeding $10,000.00	$ 10.00
For capital stock of over $10,000.00 and not over $25,000.00	25.00
For capital stock of over $25,000.00 and not over $50,000.00	50.00
For capital stock of over $50,000.00 and not over $100,000.00	75.00
For capital stock of over $100,000.00 and not over $200,000.00	100.00
For capital stock of over $200,000.00 and not over $500,000.00	200.00
For capital stock of over $500,000.00 and not over $1,000,000.00	500.00
For capital stock of over $1,000,000.00 and not over $2,000,000.00	750.00
For capital stock of over $2,000,000.00	1,000.00

The capital stock above mentioned refers to the invested capital represented by shares of stock outstanding.

610.09. Duties of Secretary of State.—The Secretary of State shall prescribe the form and furnish the blanks upon request to make the annual reports called for in this law. The Secretary of State shall examine the reports when received and if the information called for is given in such reports he shall file the same as information and keep such reports as public records. He shall pay into the State Treasury to be used for such purposes as the legislature may determine all moneys collected under the provisions of this law. Such amounts for printing form, postage, files, clerical and other expenses found to be actually necessary in carrying out the provisions of this law are appropriated from such funds not to exceed Fifteen Thousand Dollars annually.

610.10. Mailing of notices to corporation.—The Secretary of State shall cause a notice of the requirement of this law to be mailed to the last known address of every corporation doing business in the State of Florida which shall fail to file within thirty days after July first, the report called for in this chapter or pay the filing fee of tax imposed. Every corporation which shall fail to comply with the provisions of this law within three months after July 1st of each year shall be deemed to be no longer exercising its charter or corporate privilege in this state; provided, however, in case of any Florida corporations having been organized less than twelve months prior to July 1st of any year in which the reports are due to be filed and the tax due to be paid and in case of any foreign corporation which has been authorized to do business in Florida for less than twelve months at the time the report is due to be made and the tax is due to be paid, then in that even, the tax due for that year shall be pro rated according to the number of months the corporation has been in existence or authorized to do business in this state.

610.11. Penalty for failure to file report—Any corporation failing to comply with the provisions of this law for six months shall not be permitted to maintain or defend any action in any court of this state until such reports are filed and all fees due under this chapter paid.

610.12. Bankrupt and dissolved corporations.—Nothing in this law shall be construed as to apply to a corporation that has been adjudged bankrupt or dissolved by order of the court, however, such corporations shall file a statement with the Secretary of State setting forth their status in this respect but shall not be required to pay a tax.

610.13. Period to be covered by statement.—All statements required to be filed under this law shall be for the calendar year and shall be due to be filed on July first of such year and the tax payable thereon shall be due to be paid at that time.

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610.15. No par value stock; valuation.—In the event the shares of stock of any such corporation shall be no par value, then for the purposes of this law, each share shall be deemed or presumed to have a value of at least one hundred dollars per share, which presumption may be overcome by actual proof submitted to the Secretary of State. For the purposes of this law the Secretary of State shall make such investigation as he may consider necessary and increase or decrease the value of no par value stock as he may determine to be correct; and in so doing the Secretary of State may take into consideration all facts tending to show the fair market value of the stock including the sale price of the stock, the amount of the surplus of the corporation and such other pertinent facts as he may deem advisable.

Section 6. The following shall be exempt from the provisions of this Act: railroad companies, Pullman companies, telephone and telegraph companies, bank and trust companies, building and loan associations, insurance companies, co-operative marketing associations, and corporations not for profit; these corporations and companies so exempt from the operation of this Act being regulated by or paying excise taxes under other provisions of law. (Acts 1931)

JULIO DE POO, M. D.
DIRECTOR

BALEY MEMORIAL HOSPITAL
415 EATON STREET
KEY WEST, FLORIDA
PHONE 1980

June 19, 1952

Dear Sir.

Enclosed find check for the amount $ 10.00 for taxes for the Key West Medical Association

Julio J. de Poo M.D.

KEY WEST MEDICAL ASSOCIATION, INC.
417 Eaton St.
Key West, Florida

NOTICE

You will note receipt attached shows payment of your tax for 1951

You will be due another tax payment July 1, 1952. You may send a check at this time if you so desire.

If you wish to send check to pay up tax to date, it will not be necessary to file another report, provided you send check promptly.

/rg

R. A. Gray,
Secretary of State

(DO NOT DETACH)

JUN 16 1952

Form D.C.T.R.—For Domestic Corporations

Corporation Report and Tax Returns

to the

Secretary of State of Florida

As required by Senate Bill 734, Chap. 14677 (as amended) Laws of Florida, 1931

Date Rec. _____

Amt. Rec. 10.00

Amt. of Tax _____

HON. R. A. GRAY, Secretary of State,
Tallahassee, Florida.

SIR:

In compliance with the law above referred to we submit below information called for and enclose remittance for $ _____ to pay the tax imposed by said law.

(1) Key West Medical Association, Inc.
(Give correct name of corporation)

Principal place of business _____

Insert to whom receipt is to be mailed Edwin J. Wu Esq, 415 Eaton

a corporation duly organized and existing under the laws of the State of Florida, with its principal place of business within the State at _____, County of _____, has designated and established _____ City of _____, County of _____, State of Florida, as its place of business or domicile for the service of process within the State, and has named and does hereby name as its agent _____

(2) NAMES AND ADDRESSES OF OFFICERS: BE SURE AND AFFIX TITLES:

Name	Address

(3) NAMES AND ADDRESSES OF DIRECTORS:

Address	Name

(4) General nature of main business engaged in _____

(5) Date incorporated _____

(See copy of law printed herein).

Date of last meeting of Board of Directors .....

Is Corporation active? .....If inactive, state how long .....

Is the purpose of the Corporation to begin operations in the future? .....

CAPITAL STOCK STATEMENT

(6) The total authorized capital stock as follows:

.....shares of the par value of ..... each

.....shares without nominal or par value

☞ OUTSTANDING CAPITAL STOCK AS FOLLOWS:

..... shares of the par value of ..... each $.....

.....shares without nominal or par value, actual

☞ (Be sure and show number of shares issued and their actual value. Evidence of actual value may be shown by a condensed sheet.) . . . . . $.....

Total outstanding capital stock . . . . . $.....

Tax as per schedule . . . . . $.....

ONLY ONE REPORT NECESSARY WHERE MORE THAN ONE YEAR'S TAX IS PAID AT THE TIME OF FILING.

(7) We, the undersigned, certify the above state of facts to be true and correct as shown by our books.

(SEAL) .....

By President or Vice-President

ATTEST: .....

.....

Secretary

STATE OF FLORIDA,

COUNTY OF .....

Personally appeared before me .....

.....

who deposes and says that he executed this certificate for and in behalf of said corporation, and that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this ..... day of

..... 19.....

(SEAL)

.....

(Signature of officer taking acknowledgment)

No. A-52-153.g

Tax for Years

1953

CORPORATION REPORT AND TAX RETURN OF

Key West Medical Association, Inc

P. O. ADDRESS

Filed in the office of the Secretary of State of the State of Florida, this MAY 25 1953 day of

A. D. 19

Secretary of State.

FROM

R. A. GRAY

SECRETARY OF STATE

TALLAHASSEE, FLA.

SEC. 34.66—P.L.&R.
PERMIT NO. 6
TALLAHASSEE, FLA.

KEY WEST MEDICAL ASSOCIATION, INC.
% Dr. Julio Depoo
417 Eaton St.
Key West, Fla.

(DO NOT DETACH)

ANNUAL CORPORATION CAPITAL STOCK TAX LAW

610.07. Annual report of corporation; contents. — All corporations, including those heretofore incorporated under the laws of this state and those that may hereafter be incorporated and all foreign corporations which have heretofore been or may hereafter be authorized to do business in this state, except railroad companies, pullman companies, telephone and telegraph companies, banking and trust companies, building and loan associations, insurance companies, cooperative marketing associations and corporations not for profit, are required to file with the Secretary of State on July 1st of each year a sworn report on such form as the Secretary of State shall prescribe, giving the names of the officers and directors and the post office address of the resident agent upon whom service of process may be made, the main line of business engaged in by the corporation, the date of the last meeting of its board of directors, whether the corporation has been actively engaged in business during the previous twelve months or if its charter powers have been dormant and unused during that period, the number of the shares of the capital stock of such corporations with the par value thereof, the total amount of capital stock and if a foreign corporation the amount of its capital stock allocated for use in the State of Florida, and such other information as may be needed to show if the corporation is active or inactive, and such other information as may be necessary for the Secretary of State to have in carrying out the provisions of this law.

610.08. Schedule of filing fees.—Every corporation required to file reports as aforesaid shall pay to the Secretary of State for the use of the State of Florida, a filing fee or tax according to the schedule set forth in this section, which, however, shall in no instance be less than ten dollars nor greater than one thousand dollars.

SCHEDULE FOR FILING FEES

For all corporations with capital stock not exceeding $10,000.00	$ 10.00
For capital stock of over $10,000.00 and not over $25,000.00	25.00
For capital stock of over $25,000.00 and not over $50,000.00	50.00
For capital stock of over $50,000.00 and not over $100,000.00	75.00
For capital stock of over $100,000.00 and not over $200,000.00	100.00
For capital stock of over $200,000.00 and not over $500,000.00	200.00
For capital stock of over $500,000.00 and not over $1,000,000.00	500.00
For capital stock of over $1,000,000.00 and not over $2,000,000.00	750.00
For capital stock of over $2,000,000.00	1,000.00

The capital stock above mentioned refers to the invested capital represented by shares of stock outstanding.

610.09. Duties of Secretary of State.—The Secretary of State shall prescribe the form and furnish the blanks upon request to make the annual reports called for in this law. The Secretary of State shall examine the reports when received and if the information called for is given in such reports he shall file the same as information and keep such reports as public records. He shall pay into the State Treasury to be used for such purposes as the legislature may determine all moneys collected under the provisions of this law. Such amounts for printing forms, postage, files, clerical and other expenses found to be actually necessary in carrying out the provisions of this law are appropriated from such funds not to exceed Fifteen Thousand Dollars annually.

610.10. Mailing of notices to corporation.—The Secretary of State shall cause a notice of the requirement of this law to be mailed to the last known address of every corporation doing business in the State of Florida which shall fail to file within thirty days after July first, the report called for in this chapter or pay the filing fee of tax imposed. Every corporation which shall fail to comply with the provisions of this law within three months after July 1st of each year shall be deemed to be no longer exercising its charter or corporate privilege in this state; provided, however, in case of any Florida corporations having been organized less than twelve months prior to July 1st of any year in which the reports are due to be filed and the tax due to be paid and in case of any foreign corporation which has been authorized to do business in Florida for less than twelve months at the time the report is due to be made and the tax is due to be paid, then in that even, the tax due for that year shall be pro rated according to the number of months the corporation has been in existence or authorized to do business in this state.

610.11. Penalty for failure to file report—Any corporation failing to comply with the provisions of this law for six months shall not be permitted to maintain or defend any action in any court of this state until such reports are filed and all fees due under this chapter paid.

610.12. Bankrupt and dissolved corporations.—Nothing in this law shall be construed as to apply to a corporation that has been adjudged bankrupt or dissolved by order of the court, however, such corporations shall file a statement with the Secretary of State setting forth their status in this respect but shall not be required to pay a tax.

610.13. Period to be covered by statement.—All statements required to be filed under this law shall be for the calendar year and shall be due to be filed on July first of such year and the tax payable thereon shall be due to be paid at that time.

610.14. Corporations paying maximum fee.—Any corporation paying the maximum fee provided for in this chapter shall not be required to file any reports whatsoever as required by the provisions of this law.

610.15. No par value stock; valuation.—In the event the shares of stock of any such corporation shall be no par value, then for the purposes of this law, each share shall be deemed or presumed to have a value of at least one hundred dollars per share, which presumption may be overcome by actual proof submitted to the Secretary of State. For the purposes of this law the Secretary of State shall make such investigation as he may consider necessary and increase or decrease the value of no par value stock as he may determine to be correct; and in so doing the Secretary of State may take into consideration all facts tending to show the fair market value of the stock including the sale price of the stock, the amount of the surplus of the corporation and such other pertinent facts as he may deem advisable.

Section 6. The following shall be exempt from the provisions of this Act: railroad companies, Pullman companies, telephone and telegraph companies, bank and trust companies, building and loan associations, insurance companies, co-operative marketing associations, and corporations not for profit; these corporations and companies so exempt from the operation of this Act being regulated by or paying excise taxes under other provisions of law. (Acts 1931)

(DO NOT DETACH)

Form D.C.T.R.—For Domestic Corporations

Corporation Report and Tax Returns

to the

Secretary of State of Florida

As required by Senate Bill 734, Chap. 14677 (as amended) Laws of Florida, 1931

Date Rec. MAY 25 1953

Amt. Rec. 10 00

Amt. of Tax _____

HON. R. A. GRAY, Secretary of State,
Tallahassee, Florida.

SIR:

In compliance with the law above referred to we submit below information called for and enclose remittance for $10.00 to pay the tax imposed by said law.

(1) That Key West Medical Association, Inc.
(Give correct name of corporation)

Principal place of business 417 Eaton Street, Key West, Florida

Insert to whom receipt is to be mailed Dr. Julio DePoo, President.

a corporation duly organized and existing under the laws of the State of Florida, with its principal place of business within the State at Key West, County of Monroe, has designated and established Key West, City of Key West, County of Monroe, State of Florida, as its place of business or domicile for the service of process within the State, and has named and does hereby name as its agent Raymond R. Lord, Monroe County Courthouse Key West, Florida

(2) NAMES AND ADDRESSES OF OFFICERS: BE SURE AND AFFIX TITLES:

	Name	Address
President	Dr. Julio DePoo	417 Eaton Street, Key West, Fla.
Vice-President	Dr. A. Garcia	417 Eaton Street, Key West, Fla.
Treasurer	Dr. Mario Fernandez	417 Eaton Street, Key West, Fla.
Secretary	Raymond R. Lord	Monroe County Courthouse, Key West, Fla.

(3) NAMES AND ADDRESSES OF DIRECTORS:

Name	Address
Dr. Julio DePoo	417 Eaton Street, Key West, Fla.
Dr. A. Garcia	417 Eaton Street, Key West, Fla.
Dr. Mario Fernandez	417 Eaton Street, Key West, Fla.
Raymond R. Lord	Monroe County Courthouse, Key West, Fla.

(4) General nature of main business engaged in Operating a Hospital and rendition of medical services

(5) Date incorporated October 31st, A. D. 1947

☞ (See copy of law printed herein).

Date of last meeting of Board of Directors October 25th, A. D. 1952

Is Corporation active? Yes If inactive, state how long _____

Is the purpose of the Corporation to begin operations in the future? no

CAPITAL STOCK STATEMENT

(6) The total authorized capital stock as follows:

_____ shares of the par value of _____ each

50 shares without nominal or par value

☒ OUTSTANDING CAPITAL STOCK AS FOLLOWS:

_____ shares of the par value of _____ each $_____

50 shares without nominal or par value, actual

☒ (Be sure and show number of shares issued and their actual value. Evidence of actual value may be shown by a condensed sheet.) . . . . . $_____

Total outstanding capital stock . . . . . $ 84,650.00

Tax as per schedule . . . . . $ 10.00

ONLY ONE REPORT NECESSARY WHERE MORE THAN ONE YEAR'S TAX IS PAID AT THE TIME OF FILING.

(7) We, the undersigned, certify the above state of facts to be true and correct as shown by our books.

(SEAL)

Julio DePoo

By President or Vice-President

ATTEST:

Raymond P. Lord

Secretary

STATE OF FLORIDA,

COUNTY OF Monroe

Personally appeared before me Dr. Julio DePoo

who deposes and says that he executed this certificate for and in behalf of said corporation, and that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 21st day of May, 19 53.

(SEAL)

Marguerite Stirling

(Signature of officer taking acknowledgment)

No. A- 52-723-H

Tax for Years

1954

CORPORATION REPORT AND TAX RETURN OF

(To be filled in by Corporation)
(Please print or type)

Key West Medical Association, Inc.

P. O. ADDRESS

(Do not write below this line)

Filed in the office of the Secretary of State of the State of Florida, this

day of JUN 10 1954

A. D. 19

Secretary of State.

ANNUAL CORPORATION CAPITAL STOCK TAX LAW

(INCLUDED FOR OFFICIAL USE ONLY)

SEC. 340-P.L.&R.
PERMIT NO. 6
TALLAHASSEE, FLA.

R. A. GRAY

KEY WEST MEDICAL ASSOCIATION, INC.
c/o Dr. Julio DePoo
417 Eaton St.
Key West, Fla.

(DO NOT DETACH)

ANNUAL CORPORATION CAPITAL STOCK TAX LAW

608.32 Annual report of corporation; contents. –

(1) All corporations heretofore or hereafter incorporated in this state and all foreign corporations heretofore or hereafter authorized to do business in this state are required to file with the secretary of state on or before July 1st of each year a sworn report, on such form as the secretary of state shall prescribe, giving (a) the name of each officer and director and his post office address, (b) the home office of the corporation, (c) the name and address of the resident agent upon whom service of process may be made, (d) the main line of business engaged in by the corporation, (e) the date of the last meeting of its board of directors, (f) whether the corporation has been actively engaged in business during the previous twelve (12) months or if its charter powers have been dormant and unused during that period, (g) the number of the shares of the capital stock of such corporation with the par value thereof, (h) the total amount of capital stock, and if a foreign corporation the amount of its capital stock allocated for use in the State of Florida, (i) such other information as may be needed to show whether the corporation is active or inactive, and (j) such other information as may be necessary for the secretary of state to have in carrying out the provisions of this section and §608.33.

(2) Provided, that railroad, pullman, telephone, telegraph, insurance, banking and trust companies, building and loan associations, cooperative associations, corporations not for profit and corporations paying the minimum capital stock tax, shall be required to furnish the information required under (a) through (f) of subsection (1) hereof only.

(3) All reports herein required shall be for the calendar year and shall be due to be filed on July 1st of each year and the tax payable under §608.33 shall be paid at that time.

608.33 Capital stock tax. –

(1) Every corporation, except railroad, pullman, telephone, telegraph, insurance, banking and trust companies, building and loan associations, cooperative marketing associations and corporations not for profit, doing business in this state shall pay to the state for the use of the state a capital stock tax according to the following schedule:

SCHEDULE FOR CAPITAL STOCK TAX

For all corporations with capital stock not exceeding $10,000.00	10.00
For capital stock of over $10,000.00 and not over $25,000.00	25.00
For capital stock of over $25,000.00 and not over $50,000.00	50.00
For capital stock of over $50,000.00 and not over $100,000.00	75.00
For capital stock of over $100,000.00 and not over $200,000.00	100.00
For capital stock of over $200,000.00 and not over $500,000.00	200.00
For capital stock of over $500,000.00 and not over $1,000,000.00	500.00
For capital stock of over $1,000,000.00 and not over $2,000,000.00	750.00
For capital stock of over $2,000,000.00	1,000.00

The capital stock above mentioned refers to the invested capital represented by shares of stock outstanding.

(2) In the case of any Florida corporation having been organized or any foreign corporation which has been authorized to do business in Florida, less than twelve (12) months at the time the report is due and the capital stock tax is to be paid, the tax due that year shall be pro rated according to the number of months the corporation has been in existence or authorized to do business in this state.

(3) Nothing in this section or in §608.32 shall apply to any corporation that has been adjudged bankrupt or dissolved by order of court except that any such corporation shall file a statement setting forth its status in that respect, but shall not be required to pay the capital stock tax.

(4) In the event any of the shares of stock of any such corporation should be no par value, then for the purposes of this section, each share shall be presumed to have value of at least one hundred dollars ($100.00) per share, which presumption may be overcome by actual proof submitted to the secretary of state. The secretary of state shall make such investigation as he may consider necessary and increase or decrease the value of no par value stock as he may determine to be correct; and in so doing he may take into consideration all facts tending to show the fair market value of the stock, including its sale price, the amount of the surplus of the corporation and such other pertinent facts as he may deem advisable.

608.34 Duties of secretary of state. – The secretary of state shall prescribe the form and furnish the blanks upon request to make the annual reports called for in §608.31, examine the reports when received and if the information called for is given in such reports, he shall file the same as information and keep such reports as public records. He shall pay into the state treasury to be used for such purposes as the legislature may determine all moneys collected under the provisions of §608.33. He shall cause a notice of the requirements of §§608.32-608.33, to be mailed to the last known address of every corporation doing business in the state which shall fail to file within thirty (30) days after July 1st, the report required by §608.32 or pay the capital stock tax imposed by §608.33.

608.35 Penalty for failure to file report and pay tax. – Any corporation failing to comply with the provisions of §§608.32 and 608.33 for six (6) months shall not be permitted to maintain or defend any action in any court of this state until such reports are filed and all taxes due under this chapter be paid.

(DO NOT DETACH)

Form D.C.T.R. – For Domestic Corporations

Corporation Report and Tax Returns
to the
Secretary of State of Florida

As required by Senate Bill 734, Chap. 14697 (as amended) Laws of Florida, 1931

JUN 10 1954
Date Rec.
Amt. Rec. 10 00
Acct. of

HON. R. A. GRAY, Secretary of State,
Tallahassee, Florida.

SIR:

In compliance with the law above referred to we submit below information called for and enclose remittance for $10.00 to pay the tax imposed by said law.

(1) That Key West Medical Association, Inc.
(Give correct name of corporation)
Principal place of business 417 Eaton Street, Key West, Florida
Insert to whom receipt is to be mailed Key West Medical Association, Inc., 417 Eaton St., Key West Fla.
a corporation duly organized and existing under the laws of the State of Florida, with its principal place of business within the State at Key West., County of Monroe, has designated and established 417 Eaton Street
City of Key West, County of Monroe, State of Florida, as its place of business or domicile for the service of process within the State, and has named and does hereby name as its agent Raymond R. Lord, County Court House, Key West, Fla.

(2) NAMES AND ADDRESSES OF OFFICERS: BE SURE AND AFFIX TITLES:

Name	Address
Dr. Julio DaPoo, President,	417 Eaton Street, Key West, Fla.
Dr. A. Garcia, V. Pres.,	" " "
Dr. Mario Fernandez, Treasurer,	417 Eaton St., Key West, Fla.
Raymond R. Lord, Secretary,	County Court House, Key West, Fla.

(3) NAMES AND ADDRESSES OF DIRECTORS:

Name	Address
	Same as above

(4) General nature of main business engaged in
Medical offices and hospital.

(5) Date incorporated October 21, 1937.
(See copy of law printed hereon).

Date of last meeting of Board of Directors October 27, 1993

Is Corporation active? Yes If inactive, state how long _____

Is the purpose of the Corporation to begin operations in the future? No

CAPITAL STOCK STATEMENT

(6) The total authorized capital stock as follows:

_____ shares of the par value of _____ each

50 shares without nominal or par value

OUTSTANDING CAPITAL STOCK AS FOLLOWS:

_____ shares of the par value of _____ each $_____

10 shares without nominal or par value, actual

(Be sure and show number of shares issued and their actual value. Evidence of actual value may be shown by a condensed check.) . . . . . $ 4,650.00

Total outstanding capital stock . . . . . $_____

Tax as per schedule . . . . . $ 10.00

(7) We, the undersigned, certify the above state of facts to be true and correct as shown by our books.

Dade-Monroe Medical Association, Inc.

(SEAL) By: Julie A. Ford, M.D.

By President or Vice-President

ATTEST: Raymond M. Lord

Secretary

STATE OF FLORIDA,

COUNTY OF Monroe.

Personally appeared before me Julie A. Ford, M.D.

who deposes and says that he executed this certificate for and in behalf of said corporation, and that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 3rd day of June, 19 94

(SEAL) Agnes W. Miller

(Signature of officer taking acknowledgment)

Notary Public, State of Florida at Large
My commission expires August 12, 1997
Bonded by American Surety Co. of N.Y.

No. A- 52-753-i

Tax for Years

1955

CORPORATION REPORT AND TAX RETURN OF

Key West Medical Association Inc.

P. O. ADDRESS

(Do not write below this line)

Filed in the office of the Secretary of State of the State of Florida, this JUN 27 1955 day of

A. D. 19

Secretary of State.

FROM

R. A. GRAY

SECRETARY OF STATE

TALLAHASSEE, FLA.

SEC. 34.66—P.L.&R.
PERMIT NO. 6
TALLAHASSEE, FLA.

Dr. Julio DePoo
KEY WEST MEDICAL ASSOCIATION, INC.
417 Eaton Street
Key West, Florida

(DO NOT DETACH)

ANNUAL CORPORATION CAPITAL STOCK TAX LAW

608.32 Annual report of corporation; contents. —

(1) All corporations heretofore or hereafter incorporated in this state and all foreign corporations heretofore or hereafter authorized to do business in this state are required to file with the secretary of state on or before July 1st of each year a sworn report, on such form as the secretary of state shall prescribe, giving (a) the name of each officer and director and his post office address, (b) the home office of the corporation, (c) the name and address of the resident agent upon whom service of process may be made, (d) the main line of business engaged in by the corporation, (e) the date of the last meeting of its board of directors, (f) whether the corporation has been actively engaged in business during the previous twelve (12) months or if its charter powers have been dormant and unused during that period, (g) the number of the shares of the capital stock of such corporation with the par value thereof, (h) the total amount of capital stock, and if a foreign corporation the amount of its capital stock allocated for use in the State of Florida, (i) such other information as may be needed to show whether the corporation is active or inactive, and (j) such other information as may be necessary for the secretary of state to have in carrying out the provisions of this section and §608.33.

(2) Provided, that railroad, pullman, telephone, telegraph, insurance, banking and trust companies, building and loan associations, cooperative associations, corporations not for profit and corporations paying the maximum capital stock tax, shall be required to furnish the information required under (a) through (f) of subsection (1) hereof only.

(3) All reports herein required shall be for the calendar year and shall be due to be filed on July 1st of each year and the tax payable under §608.33 shall be paid at that time.

608.33 Capital stock tax. —

(1) Every corporation, except railroad, pullman, telephone, telegraph, insurance, banking and trust companies, building and loan associations, cooperative marketing associations and corporations not for profit, doing business in this state shall pay to the state for the use of the state a capital stock tax according to the following schedule:

SCHEDULE FOR CAPITAL STOCK TAX

For all corporations with capital stock not exceeding $10,000.00	$ 10.00
For capital stock of over $10,000.00 and not over $25,000.00	25.00
For capital stock of over $25,000.00 and not over $50,000.00	50.00
For capital stock of over $50,000.00 and not over $100,000.00	75.00
For capital stock of over $100,000.00 and not over $200,000.00	100.00
For capital stock of over $200,000.00 and not over $500,000.00	200.00
For capital stock of over $500,000.00 and not over $1,000,000.00	500.00
For capital stock of over $1,000,000.00 and not over $2,000,000.00	750.00
For capital stock of over $2,000,000.00	1,000.00

The capital stock above mentioned refers to the invested capital represented by shares of stock outstanding.

(2) In the case of any Florida corporation having been organized or any foreign corporation which has been authorized to do business in Florida, less than twelve (12) months at the time the report is due and the capital stock tax is to be paid, the tax due that year shall be pro rated according to the number of months the corporation has been in existence or authorized to do business in this state.

(3) Nothing in this section or in §608.32 shall apply to any corporation that has been adjudged bankrupt or dissolved by order of court except that any such corporation shall file a statement setting forth its status in that respect, but shall not be required to pay the capital stock tax.

(4) In the event any of the shares of stock of any such corporation should be no par value, then for the purposes of this section, each share shall be presumed to have value of at least one hundred dollars ($100.00) per share, which presumption may be overcome by actual proof submitted to the secretary of state. The secretary of state shall make such investigation as he may consider necessary and increase or decrease the value of no par value stock as he may determine to be correct; and in so doing he may take into consideration all facts tending to show the fair market value of the stock, including its sale price, the amount of the surplus of the corporation and such other pertinent facts as he may deem advisable.

608.34 Duties of secretary of state. — The secretary of state shall prescribe the form and furnish the blanks upon request to make the annual reports called for in §608.31, examine the reports when received and if the information called for is given in such reports, he shall file the same as information and keep such reports as public records. He shall pay into the state treasury to be used for such purposes as the legislature may determine all moneys collected under the provisions of §608.33. He shall cause a notice of the requirements of §§608.32-608.33, to be mailed to the last known address of every corporation doing business in the state which shall fail to file within thirty (30) days after July 1st, the report required by §608.32 or pay the capital stock tax imposed by §608.33.

608.35 Penalty for failure to file report and pay tax. — Any corporation failing to comply with the provisions of §§608.32 and 608.33 for six (6) months shall not be permitted to maintain or defend any action in any court of this state until such reports are filed and all taxes due under this chapter be paid.

TO CORPORATION ADDRESSED:

Corporation Capital Stock Tax is due July first each year. On the inside of the form herewith you will find the law in full. In filling out the form be sure and show all information provided for. Do not overlook showing the number of shares of stock issued and outstanding, and in case of shares of no par, show the amount actually invested in all outstanding shares, including any paid in surplus and any surplus set aside as part of the invested capital.

The corporation law requires that each and every corporation shall have not less than three directors, and be sure and show this number on the form.

R. A. GRAY, *Secretary of State.*

(DO NOT DETACH)

Form D.C.T.R. – For Domestic Corporations

Corporation Report and Tax Returns
to the
Secretary of State of Florida

As required by Chapter 608, Florida Statutes, 1953

Date Rec. JUN 27 1955

Amt. Rec. _____

Amt. of Tax 10.00

HON. R. A. GRAY, Secretary of State,
Tallahassee, Florida.

SIR:

In compliance with the law above referred to we submit below information called for and enclose remittance for $ 10.00 to pay the tax imposed by said law.

(1) That Key West Medical Association, Inc.
(Give correct name of corporation)

Principal place of business 417 Eaton Street, Key West, Monroe County, Florida.

Insert to whom receipt is to be mailed Dr. Julio DePoo, 417 Eaton St., Key West, Fla.

a corporation duly organized and existing under the laws of the State of Florida, with its principal place of business within the State at 417 Eaton Street, Key West, County of Monroe, has designated and established 417 Eaton Street City of Key West, County of Monroe, State of Florida, as its place of business or domicile for the service of process within the State, and has named and does hereby name as its agent Dr. Julio DePoo, 417 Eaton Street, Key West, Fla.

(2) NAMES AND ADDRESSES OF OFFICERS: BE SURE AND AFFIX TITLES:

Name	Address
JULIO DE POO PRESIDENT –	417 EATON ST
Olga E. DePoo, Vice-President and Treasurer	Hilton Haven
Raymond E. Lord, Secretary,	County Court House
at in Key West, Florida.	

(3) NAMES AND ADDRESSES OF DIRECTORS:

Name	Address
Julio DePoo	
Raymond E. Lord	
Olga E. DePoo	
Addresses as above	

(4) General nature of main business engaged in Medical and Hospital services

(5) Date incorporated 21st day of October, 1947.

(See copy of law printed herein).

Date of last meeting of Board of Directors October 25, 195[illegible]

Is Corporation active? Active If inactive, state how long _____

Is the purpose of the Corporation to begin operations in the future? No

CAPITAL STOCK STATEMENT

(6) The total authorized capital stock as follows:

_____ shares of the par value of _____ each

32.50 shares without nominal or par value

☞ OUTSTANDING CAPITAL STOCK AS FOLLOWS:

_____ shares of the par value of _____ each $_____

31 shares without nominal or par value, actual

☞ (Do not state number of shares issued and their actual value. Evidence of actual value may be shown by a condensed sheet.) $3,100.00

Total outstanding capital stock $3,100.00

Tax as per schedule . . . . . $ 10.00

ONLY ONE REPORT NECESSARY WHERE MORE THAN ONE YEAR'S TAX IS PAID AT THE TIME OF FILING.

(7) We, the undersigned, certify the above state of facts to be true and correct as shown by our books.

(SEAL) Julio DePino, D.D.S.
Raymond M. Ford
By President or Vice-President

ATTEST:
Raymond M. Ford.
Secretary

STATE OF FLORIDA,
COUNTY OF Monroe.

Personally appeared before me Dr. Julio DePino

who deposes and says that he executed this certificate for and in behalf of said corporation, and that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 15th day of June, 19 55.

(SEAL) Agnes W. Wallace
(Signature of officer taking acknowledgment)

Notary Public State of Florida at large
My commission expires August 12, 1957
Bonded by American Surety Co. of N. Y.

No. A-52753-J

Tax for Years

1956

CORPORATION REPORT AND TAX RETURN OF

Key West Medical Association Inc.

P. O. ADDRESS

(Do not write below this line)

Filed in the office of the Secretary of State of the State of Florida, this

day of JUN 25 1956

A. D. 19

Secretary of State.

FROM

R. A. GRAY
SECRETARY OF STATE
TALLAHASSEE, FLA.

SEC. 34.66—P.L.&R.
PERMIT NO. 6
TALLAHASSEE, FLA.

Dr. Julio DePoo
KEY WEST MEDICAL ASSOCIATION, INC.
417 Eaton Street
Key West, Florida

(DO NOT DETACH)

ANNUAL CORPORATION CAPITAL STOCK TAX LAW

608.32 Annual report of corporation; contents. –

(1) All corporations heretofore or hereafter incorporated in this state and all foreign corporations heretofore or hereafter authorized to do business in this state are required to file with the secretary of state on or before July 1st of each year a sworn report, on such form as the secretary of state shall prescribe, giving (a) the name of each officer and director and his post office address, (b) the home office of the corporation, (c) the name and address of the resident agent upon whom service of process may be made, (d) the main line of business engaged in by the corporation, (e) the date of the last meeting of its board of directors, (f) whether the corporation has been actively engaged in business during the preceding twelve (12) months or if its charter powers have been dormant and unused during that period, (g) the number of the shares of the capital stock of such corporation with the par value thereof, (h) the total amount of capital stock, and if a foreign corporation the amount of its capital stock allocated for use in the State of Florida, (i) such other information as may be needed to show whether the corporation is active or inactive, and (j) such other information as may be necessary for the secretary of state to have in carrying out the provisions of this section and §608.33.

(2) Provided, that railroad, pullman, telephone, telegraph, insurance, banking and trust companies, building and loan associations, cooperative associations, corporations not for profit and corporations paying the maximum capital stock tax, shall be required to furnish the information required under (a) through (f) of subsection (1) hereof only.

(3) All reports herein required shall be for the calendar year and shall be due to be filed on July 1st of each year and the tax payable under §608.33 shall be paid at that time.

608.33 Capital stock tax. –

(1) Every corporation, except railroad, pullman, telephone, telegraph, insurance, banking and trust companies, building and loan associations, cooperative marketing associations and corporations not for profit, doing business in this state shall pay to the state for the use of the state a capital stock tax according to the following schedule:

SCHEDULE FOR CAPITAL STOCK TAX

For all corporations with capital stock not exceeding $10,000.00	$ 10.00
For capital stock of over $10,000.00 and not over $25,000.00	25.00
For capital stock of over $25,000.00 and not over $50,000.00	50.00
For capital stock of over $50,000.00 and not over $100,000.00	75.00
For capital stock of over $100,000.00 and not over $200,000.00	100.00
For capital stock of over $200,000.00 and not over $500,000.00	200.00
For capital stock of over $500,000.00 and not over $1,000,000.00	500.00
For capital stock of over $1,000,000.00 and not over $2,000,000.00	750.00
For capital stock of over $2,000,000.00	1,000.00

The capital stock above mentioned refers to the invested capital represented by shares of stock outstanding.

(2) In the case of any Florida corporation having been organized or any foreign corporation which has been authorized to do business in Florida, less than twelve (12) months at the time the report is due and the capital stock tax is to be paid, the tax due that year shall be pro rated according to the number of months the corporation has been in existence or authorized to do business in this state.

(3) Nothing in this section or in §608.32 shall apply to any corporation that has been adjudged bankrupt or dissolved by order of court except that any such corporation shall file a statement setting forth its status in that respect, but shall not be required to pay the capital stock tax.

(4) In the event any of the shares of stock of any such corporation should be no par value, then for the purposes of this section, each share shall be presumed to have value of at least one hundred dollars ($100.00) per share, which presumption may be overcome by actual proof submitted to the secretary of state. The secretary of state shall make such investigation as he may consider necessary and increase or decrease the value of no par value stock as he may determine to be correct; and in so doing he may take into consideration all facts tending to show the fair market value of the stock, including its sale price, the amount of the surplus of the corporation and such other pertinent facts as he may deem advisable.

608.34 Duties of secretary of state. – The secretary of state shall prescribe the form and furnish the blanks upon request to make the annual reports called for in §608.31, examine the reports when received and if the information called for is given in such reports, he shall file the same as information and keep such reports as public records. He shall pay into the state treasury to be used for such purposes as the legislature may determine all moneys collected under the provisions of §608.33. He shall cause a notice of the requirements of §§608.32-608.33, to be mailed to the last known address of every corporation doing business in the state which shall fail to file within thirty (30) days after July 1st, the report required by §608.32 or pay the capital stock tax imposed by §608.33.

608.35 Penalty for failure to file report and pay tax. – Any corporation failing to comply with the provisions of §§608.32 and 608.33 for six (6) months shall not be permitted to maintain or defend any action in any court of this state until such reports are filed and all taxes due under this chapter be paid.

TO CORPORATION ADDRESSED:

Corporation Capital Stock Tax is due July first each year. On the inside of the form herewith you will find the law in full. In filling out the form be sure and show all information provided for. Do not overlook showing the number of shares of stock issued and outstanding, and in case of shares of no par, show the amount actually invested in all outstanding shares, including any paid in surplus and any surplus set aside as part of the invested capital.

The corporation law requires that each and every corporation shall have not less than three directors, and be sure and show this number on the form.

R. A. GRAY, *Secretary of State.*

(DO NOT DETACH)

Form D.C.T.R. – For Domestic Corporations

Corporation Report and Tax Returns
to the
Secretary of State of Florida

As required by Chapter 608, Florida Statutes, 1953

Date Rec'd JUN 25 1956
Amt. Rec. 10.00
Amt. of Tax _____

HON. R. A. GRAY, Secretary of State,
Tallahassee, Florida.

SIR:

In compliance with the law above referred to we submit below information called for and enclose remittance for $10.00 to pay the tax imposed by said law.

(1) That Key West Medical Association, Inc.
(Give correct name of corporation)
Principal place of business 417 Eaton Street, Key West, Monroe County, Florida
Insert to whom receipt is to be mailed Dr. Julio DePoo (above address)
a corporation duly organized and existing under the laws of the State of Florida, with its principal place of business within the State at Key West, County of Monroe, has designated and established 417 Eaton Street City of Key West, County of Monroe, State of Florida, as its place of business or domicile for the service of process within the State, and has named and does hereby name as its agent Dr. Julio DePoo

(2) NAMES AND ADDRESSES OF OFFICERS: BE SURE AND AFFIX TITLES:

Name	Address
Dr. Julio DePoo, President,	417 Eaton Street, Key West, Florida.
Olga R. DePoo, V. Pres. and Treasurer,	Hilton Haven, Key West, Florida.
Raymond R. Lord, Secretary,	County Court House, Key West, Florida.

(3) NAMES AND ADDRESSES OF DIRECTORS:

Name	Address
Dr. Julio DePoo,	417 Eaton Street, Key West, Florida
Olga R. DePoo,	Hilton Haven, Key West, Florida.
Raymond R. Lord,	County Court House, Key West, Florida.

(4) General nature of main business engaged in Medical and Hospital

(5) Date incorporated October 21, 1942.

137 (See copy of law printed herein).

Date of last meeting of Board of Directors October 25, 1955

Is Corporation active? yes If inactive, state how long _____

Is the purpose of the Corporation to begin operations in the future? no

CAPITAL STOCK STATEMENT

(6) The total authorized capital stock as follows:

_____ shares of the par value of _____ each

~~200~~ 50 shares without nominal or par value

☞ OUTSTANDING CAPITAL STOCK AS FOLLOWS:

_____ shares of the par value of _____ each $_____

31 shares without nominal or par value, actual

☞ (Be sure and show number of shares issued and their actual value. Evidence of actual value may be shown by a condensed sheet.) . . . . . $ 5,000.00

Total outstanding capital stock . . . . . $_____

Tax as per schedule . . . . . $ 10.00

ONLY ONE REPORT NECESSARY WHERE MORE THAN ONE YEAR'S TAX IS PAID AT THE TIME OF FILING.

(7) We, the undersigned, certify the above state of facts to be true and correct as shown by our books.

(SEAL)

Olga P. DuPree
~~By President or Vice-President~~
Vice President.

ATTEST:

Raymond M. Lad.
Secretary

STATE OF FLORIDA,

COUNTY OF Monroe.

Personally appeared before me Olga P. DuPree

who deposes and says that he executed this certificate for and in behalf of said corporation, and that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 19th day of June 19 56

(SEAL)

Agnes W. Villar
(Signature of officer taking acknowledgment)

Notary Public, State of Florida at large
My commission expires August 12, 1957.
Bonded by American Surety Co. of N. Y.

No. A- 52753-K

Tax for Years

1957

CORPORATION REPORT AND TAX RETURN OF

Key West Medical Association, Inc.

P. O. ADDRESS

(Do not write below this line)

Filed in the office of the Secretary of State of the State of Florida, this

day of JUN 20 1957

A. D. 19

Secretary of State.

CAPITAL PRINTERS, INC.

FROM
R. A. GRAY
SECRETARY OF STATE
TALLAHASSEE, FLA.

SEC. 34.66 P.L.&R.
PERMIT NO. 1
TALLAHASSEE, FLA.
U.S. POSTAGE
FLA.
01 ½

Dr. Julio DePoo
KEY WEST MEDICAL ASSOCIATION, INC.
417 Eaton St.
Key West, Florida

(DO NOT DETACH)

ANNUAL CORPORATION CAPITAL STOCK TAX LAW

608.32 Annual report of corporation; contents.—

(1) All corporations heretofore or hereafter incorporated in this state and all foreign corporations heretofore or hereafter authorized to do business in this state are required to file with the secreary of state on or before July 1st of each year a sworn report, on such form as the secretary of state shall prescribe, giving (a) the name of each officer and director and his post office address, (b) the home office of the corporation, (c) the name and address of the resident agent upon whom service of process may be made, (d) the main line of business engaged in by the corporation, (e) the date of the last meeting of its board of directors, (f) whether the corporation has been actively engaged in business during the previous twelve (12) months or if its charter powers have been dormant and unused during that period, (g) the number of the shares of the capital stock of such corporation with the par value thereof, (h) the total amount of capital stock, and if a foreign corporation the amount of its capital stock allocated for use in the State of Florida, (i) such other information as may be needed to show whether the cororation is active or inactive, and (j) such other information as may be necessary for the secretary of state to have in carrying out the provisions of this section and §608.33.

(2) Provided, that railroad, pullman, telephone, telegraph, insurance, banking and trust companies, building and loan associations, cooperative associations, corporations not for profit and corporations paying the maximum capital stock tax, shall be required to furnish the information required under (a) through (f) of subsection (1) hereof only.

(3) All reports herein required shall be for the calendar year and shall be due to be filed on July 1st of each year and the tax payable under §608.33 shall be paid at that time.

608.33 Capital stock tax.—

(1) Every corporation, except railroad, pullman, telephone, telegraph, insurance, banking and trust companies, building and loan associations, cooperative marketing associations and corporations not for profit, doing business in this state shall pay to the state for the use of the state a capital stock tax according to the following schedule:

SCHEDULE FOR CAPITAL STOCK TAX

For all corporations with capital stock not exceeding $10,000.00	$ 10.00
For capital stock of over $10,000.00 and not over $25,000.00	25.00
For capital stock of over $25,000.00 and not over $50,000.00	50.00
For capital stock of over $50,000.00 and not over $100,000.00	75.00
For capital stock of over $100,000.00 and not over $200,000.00	100.00
For capital stock of over $200,000.00 and not over $500,000.00	200.00
For capital stock of over $500,000.00 and not over $1,000,000.00	500.00
For capital stock of over $1,000,000.00 and not over $2,000,000.00	750.00
For capital stock of over $2,000,000.00	1,000.00

The capital stock above mentioned refers to the invested capital represented by shares of stock outstanding.

(2) In the case of any Florida corporation having been organized or any foreign corporation which has been authorized to do business in Florida, less than twelve (12) months at the time the report is due and the capital stock tax is to be paid, the tax due that year shall be pro rated according to the number of months the corporation has been in existence or authorized to do business in this state.

(3) Nothing in this section or in §608.32 shall apply to any corporation that has been adjudged bankrupt or dissolved by order of court except that any such corporation shall file a statement setting forth its status in that respect, but shall not be required to pay the capital stock tax.

(4) In the event any of the shares of stock of any such corporation should be no par value, then for the purposes of this section, each share shall be presumed to have value of at least one hundred dollars ($100.00) per share, which presumption may be overcome by actual proof submitted to the secretary of state. The secretary of state shall make such investigation as he may consider necessary and increase or decrease the value of no par value stock as he may determine to be correct; and in so doing he may take into consideration all facts tending to show the fair market value of the stock, including its sale price, the amount of the surplus of the corporation and such other pertinent facts as he may deem advisable.

608.34 Duties of secretary of state.—The secretary of state shall prescribe the form and furnish the blanks upon request to make the annual reports called for in §608.32, examine the reports when received and if the information called for is given in such reports, he shall file the same as information and keep such reports as public records. He shall pay into the state treasury to be used for such purposes as the legislature may determine all moneys collected under the provisions of §608.33. He shall cause a notice of the requirements of §§608.32-608.33, to be mailed to the last known address of every corporation doing business in the state which shall fail to file within thirty (30) days after July 1st, the report required by §608.32 or pay the capital stock tax imposed by §608.33.

608.35 Penalty for failure to file report and pay tax.—Any corporation failing to comply with the provisions of §§608.32 and 608.33 for six (6) months shall not be permitted to maintain or defend any action in any court of this state until such reports are filed and all taxes due under this chapter be paid.

TO CORPORATION ADDRESSED:

Corporation Capital Stock Tax is due July first each year. On the inside of the form herewith you will find the law in full. In filling out the form be sure and show all information provided for. Do not overlook showing the number of shares of stock issued and outstanding, and in case of shares of no par, show the amount actually invested in all outstanding shares, including any paid in surplus and any surplus set aside as part of the invested capital.

The corporation law requires that each and every corporation shall have not less than three directors, and be sure and show this number on the form.

R. A. GRAY, *Secretary of State.*

(DO NOT DETACH)

Form D.C.T.R. — For Domestic Corporations

Corporation Report and Tax Returns

to the

Secretary of State of Florida

As required by Chapter 608, Florida Statutes, 1953

Date Rec. JUN 20 1957

Amt. Rec. 10⁰⁰

Amt. of Tax

HON. R. A. GRAY, Secretary of State,
Tallahassee, Florida.

SIR:

In compliance with the law above referred to we submit below information called for and enclose remittance for $10⁰⁰ to pay the tax imposed by said law.

(1) That Key West Medical Association, Inc. (Give correct name of corporation)

Principal place of business 415 Eaton St

Insert to whom receipt is to be mailed Julio DePoo M. D.

a corporation duly organized and existing under the laws of the State of Florida, with its principal place of business within the State at Key West, County of Monroe, has designated and established

City of Key West, County of Monroe, State of Florida, as its place of business or domicile for the service of process within the State, and has named and does hereby name as its agent upon whom service of process may be made:

Dr. Julio De Poo

Whose address is: 415 Eaton St, Key West, Fla.

(2) NAMES AND ADDRESSES OF OFFICERS: BE SURE AND AFFIX TITLES:

Name		Address
Julio dePoo M.D	PRES:	8 HILTON APTS EN
OLGA R. DEPOO	VICE PRES	8 HILTON HAPTS EN
RAYMOND LORD	SEC.	909 LAIRD ST

(3) NAMES AND ADDRESSES OF DIRECTORS:

Name	Address
Julio DePoo	8 Hilton Hotel
Olga R DePoo	8 Hilton Hotel
Raymond Lord	909 Laird St

(4) General nature of main business engaged in Hospital

(5) Date incorporated Oct. 21, 1947

☞ (See copy of law printed herein).

Date of last meeting of Board of Directors October 25, 1956.

Is Corporation active? yes If inactive, state how long

Is the purpose of the Corporation to begin operations in the future? no

CAPITAL STOCK STATEMENT

(6) The total authorized capital stock as follows:

shares of the par value of each

9,950 shares without nominal or par value

☞ OUTSTANDING CAPITAL STOCK AS FOLLOWS:

shares of the par value of each $

31 shares without nominal or par value, actual

☞ (Do not omit share number of shares issued and their actual value. Evidence of actual value may be shown by a condensed sheet.) $5000 00

Total outstanding capital stock $5000 00

Tax as per schedule $10 00

ONLY ONE REPORT NECESSARY WHERE MORE THAN ONE YEAR'S TAX IS PAID AT THE TIME OF FILING.

(7) We, the undersigned, certify the above state of facts to be true and correct as shown by our books.

(SEAL)

Julio de Poo

By President or Vice-President

ATTEST:

Raymond R. Ford

Secretary

STATE OF FLORIDA,

COUNTY OF Monroe

Personally appeared before me Julio De Poo

who deposes and says that he executed this certificate for and in behalf of said corporation, and that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 17th day of June, 1957.

(SEAL)

Agnes W Willar

(Signature of officer taking acknowledgment)

Notary Public, State of Florida at large
My commission expires August 3 1957.
Bonded by American Surety Co of N. Y.

No. A-52753-L

Tax for Years

1958

CORPORATION REPORT AND TAX RETURN OF

Key West Medical Association, Inc.

P. O. ADDRESS

(Do not write below this line)

Filed in the office of the Secretary of State of the State of Florida, this

day of

A. D. 19

Secretary of State.

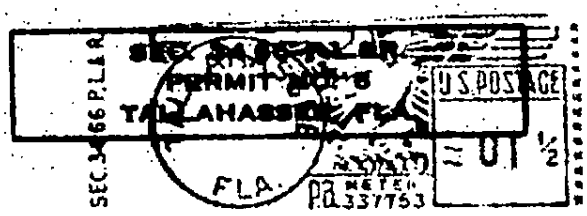
CAPITAL PRESS, INC.

FROM

R. A. GRAY

SECRETARY OF STATE

TALLAHASSEE, FLA.



KEY WEST MEDICAL ASSOCIATION, INC.
% Dr. Julio DePoo,
417 Eaton Street,
Key West, Fla.

(DO NOT DETACH)

ANNUAL CORPORATION CAPITAL STOCK TAX LAW

608.32 Annual report of corporation; contents.—

(1) All corporations heretofore or hereafter incorporated in this state and all foreign corporations heretofore or hereafter authorized to do business in this state are required to file with the secretary of state on or before July 1st of each year a sworn report, on such form as the secretary of state shall prescribe, giving (a) the name of each officer and director and his post office address, (b) the home office of the corporation, (c) the name and address of the resident agent upon whom service of process may be made, (d) the main line of business engaged in by the corporation, (e) the date of the last meeting of its board of directors, (f) whether the corporation has been actively engaged in business during the previous twelve (12) months or if its charter powers have been dormant and unused during that period, (g) the number of the shares of the capital stock of such corporation with the par value thereof, (h) the total amount of capital stock, and if a foreign corporation the amount of its capital stock allocated for use in the State of Florida, (i) such other information as may be needed to show whether the corporation is active or inactive, and (j) such other information as may be necessary for the secretary of state to have in carrying out the provisions of this section and §608.33.

(2) Provided, that railroad, pullman, telephone, telegraph, insurance, banking and trust companies, building and loan associations, cooperative associations, corporations not for profit and corporations paying the maximum capital stock tax, shall be required to furnish the information required under (a) through (f) of subsection (1) hereof only.

(3) All reports herein required shall be for the calendar year and shall be due to be filed on July 1st of each year and the tax payable under §608.33 shall be paid at that time.

608.33 Capital stock tax.—

(1) Every corporation, except railroad, pullman, telephone, telegraph, insurance, banking and trust companies, building and loan associations, cooperative marketing associations and corporations not for profit, doing business in this state shall pay to the state for the use of the state a capital stock tax according to the following schedule:

SCHEDULE FOR CAPITAL STOCK TAX

For all corporations with capital stock not exceeding $10,000.00	$ 10.00
For capital stock of over $10,000.00 and not over $25,000.00	25.00
For capital stock of over $25,000.00 and not over $50,000.00	50.00
For capital stock of over $50,000.00 and not over $100,000.00	75.00
For capital stock of over $100,000.00 and not over $200,000.00	100.00
For capital stock of over $200,000.00 and not over $500,000.00	200.00
For capital stock of over $500,000.00 and not over $1,000,000.00	500.00
For capital stock of over $1,000,000.00 and not over $2,000,000.00	750.00
For capital stock of over $2,000,000.00	1,000.00

The capital stock above mentioned refers to the invested capital represented by shares of stock outstanding.

(2) In the case of any Florida corporation having been organized or any foreign corporation which has been authorized to do business in Florida, less than twelve (12) months at the time the report is due and the capital stock tax is to be paid, the tax due that year shall be pro rated according to the number of months the corporation has been in existence or authorized to do business in this state.

(3) Nothing in this section or in §608.32 shall apply to any corporation that has been adjudged bankrupt or dissolved by order of court except that any such corporation shall file a statement setting forth its status in that respect, but shall not be required to pay the capital stock tax.

(4) In the event any of the shares of stock of any such corporation should be no par value, then for the purposes of this section, each share shall be presumed to have value of at least one hundred dollars ($100.00) per share, which presumption may be overcome by actual proof submitted to the secretary of state. The secretary of state shall make such investigation as he may consider necessary and increase or decrease the value of no par value stock as he may determine to be correct; and in so doing he may take into consideration all facts tending to show the fair market value of the stock, including its sale price, the amount of the surplus of the corporation and such other pertinent facts as he may deem advisable.

608.34. Duties of secretary of state.—The secretary of state shall prescribe the form and furnish the blanks upon request to make the annual reports called for in §608.32, examine the reports when received and if the information called for is given in such reports, he shall file the same as information and keep such reports as public records. He shall pay into the state treasury to be used for such purposes as the legislature may determine all moneys collected under the provisions of §608.33. He shall cause a notice of the requirements of §§608.32-608.33, to be mailed to the last known address of every corporation doing business in the state which shall fail to file within thirty (30) days after July 1st, the report required by §608.32 or pay the capital stock tax imposed by §608.33.

608.35 Penalty for failure to file report and pay tax.—Any corporation failing to comply with the provisions of §§608.32 and 608.33 for six (6) months shall not be permitted to maintain or defend any action in any court of this state until such reports are filed and all taxes due under this chapter be paid.

TO CORPORATION ADDRESSED:

Corporation Capital Stock Tax is due July first each year. On the inside of the form herewith you will find the law in full. In filling out the form be sure and show all information provided for. Do not overlook showing the number of shares of stock issued and outstanding, and in case of shares of no par, show the amount actually invested in all outstanding shares, including any paid in surplus and any surplus set aside as part of the invested capital.

The corporation law requires that each and every corporation shall have not less than three directors, and be sure and show this number on the form.

R. A. Gray, *Secretary of State.*

(DO NOT DETACH)

Form D.C.T.R.—For Domestic Corporations

JUL 7 1958

Date Rec.

Amt. Rec. 10 --

Amt. of Tax

Corporation Report and Tax Returns

to the

Secretary of State of Florida

As required by Chapter 608, Florida Statutes.

HON. R. A. GRAY, Secretary of State,
Tallahassee, Florida.

SIR:

In compliance with the law above referred to we submit below information called for and enclose remittance for $ 10 00 to pay the tax imposed by said law.

(1) That Key West Hospital Assn INC.
(Give correct name of corporation)

Principal place of business 918 Southard ST

Insert to whom receipt is to be mailed KEY WEST MEDICAL ASS INC.

a corporation duly organized and existing under the laws of the State of Florida, with its principal place of business within the State at Monroe, County of , has designated and established

City of Key West, County of Monroe, State of Florida, as its place of business or domicile for the service of process within the State, and has named and does hereby name as its agent upon whom service of process may be made: Raymund M Lord, County Court House

Whose address is: Key West, Fla.

(2) NAMES AND ADDRESSES OF OFFICERS: BE SURE AND AFFIX TITLES:

Name	Title	Address
JULIO J DE POO	PRES.	8 HILTON HAVEN
OLGA R DE POO	VICE PRES.	8 HILTON HAVEN
RAYMOND LORD	SEC	

(3) NAMES AND ADDRESSES OF DIRECTORS: Not less than (3) three:

Name	Address
Same as above	

(4) General nature of main business engaged in HOSPITAL

(5) Date incorporated Oct. 21, 1947

(See copy of law printed herein).

Date of last meeting of Board of Directors Oct 25, 1957

Is Corporation active? yes If inactive, state how long

Is the purpose of the Corporation to begin operations in the future? no

CAPITAL STOCK STATEMENT

(6) The total authorized capital stock as follows:

_____ shares of the par value of _____ each

50 shares without nominal or par value

OUTSTANDING CAPITAL STOCK AS FOLLOWS:

_____ shares of the par value of _____ each $ _____

31 shares without nominal or par value, actual (Give name and share number of shares issued and their actual value. Evidence of actual value may be shown by a condensed sheet.) . . . . . $ 5000 00

Total outstanding capital stock . . . . . $ _____

Tax as per schedule . . . . . $ 10 00

ONLY ONE REPORT NECESSARY WHERE MORE THAN ONE YEAR'S TAX IS PAID AT THE TIME OF FILING.

(7) We, the undersigned, certify the above state of facts to be true and correct as shown by our books.

(SEAL)

John deTos M.D
By President or Vice-President

ATTEST:

Raymond P. Ford
Secretary

STATE OF FLORIDA,
COUNTY OF Sumter

Personally appeared before me Raymond P. Ford, Secretary

who deposes and says that he executed this certificate for and in behalf of said corporation, and that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 27th day of June, 1958

(SEAL)

Agnes W. Villar
(Signature of officer taking acknowledgment)

Notary Public, State of Florida at Large
My Commission Expires Aug. 12, 1961
Bonded by American Surety Co. of N. Y.

KEY WEST MEDICAL ASSOCIATION, INC.
918 Southard Street
Key West, Florida

4709

FROM
R. A. GRAY
SECRETARY OF STATE
TALLAHASSEE, FLA.

No. A-52,753-M

Tax for Years
1959

CORPORATION REPORT AND TAX RETURN OF

Key West Medical Association, Inc.

P. O. ADDRESS

(Do not write below this line)

Filed in the office of the Secretary of State of the State of Florida, this

day of

A. D. 19

Secretary of State.

(DO NOT DETACH)

ANNUAL CORPORATION CAPITAL STOCK TAX LAW

608.32 Annual report of corporations; contents.—

(1) All corporations heretofore or hereafter incorporated in this state and all foreign corporations heretofore or hereafter authorized to do business in this state are required to file with the secretary of state on or before July 1st of each year a sworn report, on such form as the secretary of state shall prescribe, giving (a) the name of each officer and director and his post office address, (b) the home office of the corporation, (c) the name and address of the resident agent upon whom service of process may be made, (d) the main line of business engaged in by the corporation, (e) the date of the last meeting of its board of directors, (f) whether the corporation has been actively engaged in business during the previous twelve (12) months or if its charter powers have been dormant and unused during that period, (g) the number of the shares of the capital stock of such corporation with the par value thereof, (h) the total amount of capital stock, and if a foreign corporation the amount of its capital stock allocated for use in the State of Florida, (i) such other information as may be needed to show whether the corporation is active or inactive, and (j) such other information as may be necessary for the secretary of state to have in carrying out the provisions of this section and §608.33.

(2) Provided, that railroad, pullman, telephone, telegraph, insurance, banking and trust companies, building and loan associations, cooperative associations, corporations not for profit and corporations paying the maximum capital stock tax, shall be required to furnish the information required under (a) through (f) of subsection (1) hereof only.

(3) All reports herein required shall be for the calendar year and shall be due to be filed on July 1st of each year and the tax payable under §608.33 shall be paid at that time.

608.33 Capital stock tax.—

(1) Every corporation, except railroad, pullman, telephone, telegraph, insurance, banking and trust companies, building and loan associations, cooperative marketing associations and corporations not for profit, doing business in this state shall pay to the state for the use of the state a capital stock tax according to the following schedule:

SCHEDULE FOR CAPITAL STOCK TAX

For all corporations with capital stock not exceeding $10,000.00	$ 10.00
For capital stock of over $10,000.00 and not over $25,000.00	25.00
For capital stock of over $25,000.00 and not over $50,000.00	50.00
For capital stock of over $50,000.00 and not over $100,000.00	75.00
For capital stock of over $100,000.00 and not over $200,000.00	100.00
For capital stock of over $200,000.00 and not over $500,000.00	200.00
For capital stock of over $500,000.00 and not over $1,000,000.00	500.00
For capital stock of over $1,000,000.00 and not over $2,000,000.00	750.00
For capital stock of over $2,000,000.00	1,000.00

The capital stock above mentioned refers to the invested capital represented by shares of stock outstanding.

(2) In the case of any Florida corporation having been organized or any foreign corporation which has been authorized to do business in Florida, less than twelve (12) months at the time the report is due and the capital stock tax is to be paid, the tax due that year shall be pro rated according to the number of months the corporation has been in existence or authorized to do business in this state.

(3) Nothing in this section or in §608.32 shall apply to any corporation that has been adjudged bankrupt or dissolved by order of court except that any such corporation shall file a statement setting forth its status in that respect, but shall not be required to pay the capital stock tax.

(4) In the event any of the shares of stock of any such corporation should be no par value, then for the purposes of this section, each share shall be presumed to have value of at least one hundred dollars ($100.00) per share, which presumption may be overcome by actual proof submitted to the secretary of state. The secretary of state shall make such investigation as he may consider necessary and increase or decrease the value of no par value stock as he may determine to be correct; and in so doing he may take into consideration all facts tending to show the fair market value of the stock, including its sale price, the amount of the surplus of the corporation and such other pertinent facts as he may deem advisable.

608.34. Duties of secretary of state.—The secretary of state shall prescribe the form and furnish the blanks upon request to make the annual reports called for in §608.32, examine the reports when received and if the information called for is given in such reports, he shall file the same as information and keep such reports as public records. He shall pay into the state treasury to be used for such purposes as the legislature may determine all moneys collected under the provisions of §608.33. He shall cause a notice of the requirements of §§608.32-608.33, to be mailed to the last known address of every corporation doing business in the state which shall fail to file within thirty (30) days after July 1st, the report required by §608.32 or pay the capital stock tax imposed by §608.33.

608.35 Penalty for failure to file report and pay tax.—Any corporation failing to comply with the provisions of §§608.32 and 608.33 for six (6) months shall not be permitted to maintain or defend any action in any court of this state until such reports are filed and all taxes due under this chapter be paid.

TO CORPORATION ADDRESSED:

Corporation Capital Stock Tax is due July first each year. On the inside of the form herewith you will find the law in full. In filling out the form be sure and show all information provided for. Do not overlook showing the number of shares of stock issued and outstanding, and in case of shares of no par, show the amount actually invested in all outstanding shares, including any paid in surplus and any surplus set aside as part of the invested capital.

The corporation law requires that each and every corporation shall have not less than three directors, and be sure and show this number on the form.

R. A. GRAY, *Secretary of State.*

(DO NOT DETACH)

Form D.C.T.R.—For Domestic Corporations

Corporation Report and Tax Returns

to the

Secretary of State of Florida

As required by Chapter 608, Florida Statutes

Date Rec. AUG 14 1959

Amt Rec. 10

Amt. of Tax

HON. R. A. GRAY, Secretary of State,
Tallahassee, Florida.

SIR:

In compliance with the law above referred to we submit below information called for and enclose remittance for $10.00 to pay the tax imposed by said law.

(1) That Key West Medical Association, Inc.
(Give correct name of corporation)

Principal place of business Key West, Fla. 915 Southard St.

Insert to whom receipt is to be mailed Dr. Julio DePoo, 915 Southard St. Key West, Fla.

a corporation duly organized and existing under the laws of the State of Florida, with its principal place of business within the State at 915 Southard Street, Key West, County of Monroe, has designated and established 915 Southard St. City of Key West, County of ~~Florida~~ Monroe, State of Florida, as its place of business or domicile for the service of process within the State, and has named and does hereby name as its agent upon whom service of process may be made: Dr. Julio DePoo, 915 Southard Street,

Whose address is: Key West, Fla.

(2) NAMES AND ADDRESSES OF OFFICERS: BE SURE AND AFFIX TITLES:

Name	Title	Address
Dr. Julio DePoo	President	915 Southard St. Key West
Olga R. DePoo, V. Pres. and Treasurer	"	"
Raymond R. Lord,	Secretary	County Court House, "

(3) NAMES AND ADDRESSES OF DIRECTORS: Not less than (3) three:

Name	Address
Dr. Julio DePoo	same as above
Olga R. DePoo	"
Raymond R. Lord	"

(4) General nature of main business engaged in Hospital-Medical

(5) Date incorporated October 21, 1947.

☞ (See copy of law printed hereto).

Date of last meeting of Board of Directors October 25, 1958.

Is Corporation active? yes If inactive, state how long

Is the purpose of the Corporation to begin operations in the future? no

CAPITAL STOCK STATEMENT

(6) The total authorized capital stock as follows:

[illegible] shares of the par value of each

50 shares without nominal or par value

☞ OUTSTANDING CAPITAL STOCK AS FOLLOWS:

shares of the par value of each $

31 shares without nominal or par value, actual

☞ (Be sure and show number of shares issued and their actual value. Evidence of actual value may be shown by a condensed sheet.) . . . . . $ 5,000.00

Total outstanding capital stock . . . . . $ 5,000.00

Tax as per schedule . . . . . $ 10.00

ONLY ONE REPORT NECESSARY WHERE MORE THAN ONE YEAR'S TAX IS PAID AT THE TIME OF FILING.

(7) We, the undersigned, certify the above state of facts to be true and correct as shown by our books.

(SEAL)

Julio dePoo M.D
By President ~~or Vice-President~~

ATTEST:

Benjamin M. Lord
Secretary

STATE OF FLORIDA,

COUNTY OF Monroe,

Personally appeared before me Julio DePoo

who deposes and says that he executed this certificate for and in behalf of said corporation, and that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 20th day of July 1959.

(SEAL)

Agnes W. Villar
(Signature of officer taking acknowledgment)

Notary Public, State of Florida at Large
My Commission Expires Aug. 12, 1961
Bonded by American Surety Co. of N. Y.

No. A-52753-N

Tax for Years

1960

CORPORATION REPORT AND

TAX RETURN OF

Key West Medical Association Inc.

P. O. ADDRESS _____

(Do not write below this line)

Filed in the office of the Secretary of State of the State of Florida, this _____ day of _____ A. D. 19____

_____ Secretary of State.

DUDLEY-NEWMAN, TALLAHASSEE—43796

Form D. C. T. R.—For Domestic Corporations

Corporation Report and Tax Return

to the

Secretary of State of Florida

as required by Chapter 608, Florida Statutes

Date Rec. AUG 1 1960

Amt. Rec. 10

Make check payable and mail to Secretary of State, Tallahassee, Florida. This report is due on or before July 1st of each year.

1. NAME ~~Dr. Julio DePoo~~ Key West Medical Association, Inc.
   Give correct name
2. ADDRESS 918 Southard Street Monroe
   of the principal place of business (Town) (County)
3. ADDRESS Key West, Florida
   where receipt for this payment is to be mailed
4. NAME OF RESIDENT AGENT Raymond R. Lord ADDRESS County Court House, Key West, Fla.
5. NAMES AND ADDRESSES OF OFFICERS:

NAME	TITLE	ADDRESS
Dr. Julio DePoo	President	918 Southard St. Key West, Fla.
Mrs. Olga R. DePoo	V. Pres. and Treas.	" " " "
Raymond R. Lord	Secretary	County Court House, Key West, Fla.

6. NAMES AND ADDRESSES OF DIRECTORS (law requires at least (3) Directors)

NAME	ADDRESS
Dr. Julio DePoo	918 Southard St. Key West, Fla.
Mrs. Olga R. DePoo	918 Southard St. Key West, Fla.
Raymond R. Lord, Co.	Court House, Key West, Fla.

CAPITAL STOCK STATEMENT

7. Total AUTHORIZED Capital Stock:
   _____ Shares of par value of $_____ each.
   ~~50~~ 50 Shares without nominal or par value.

OUTSTANDING Capital Stock

8. _____ Shares of the par value of $_____ each, $_____
   31 Shares without nominal or par value (actual) $ 5,000.00
   Total OUTSTANDING capital stock $_____

NO PAR value shares are presumed to have a value of least $100.00 per share, but report should be accompanied by a brief financial statement showing actual value, including surplus which has become a part of invested capital.

Only one (1) report necessary where more than (1) year's tax is paid at the time of filing.

9. Date of last meeting of Directors ~~October 26, 1959~~
   Is corporation active? yes If inactive, state how long _____
   Is the purpose of the corporation to begin business in the future? no
10. We the undersigned, certify the above statement of facts to be true and correct as shown by our books.

(Corporate Seal)

Dr. Julio DePoo Attest: Raymond R. Lord
by President Secretary

11. General nature of business engaged in Hospital
12. Date incorporated October 21, 1947

STATE OF FLORIDA
COUNTY OF Monroe

Personally appeared before me Dr. Julio DePoo who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 11th day of July 19 60.

(Notary Seal) Notary Public, State of Florida My Commission Expires [illegible] Bonded by American Surety Co. of N. Y.

Agnes W. Willar
Signature of Officer taking acknowledgment

COPY. Tear apart. Send in only the original. Keep COPY for your files.

PLEASE PRINT OR TYPE AND IT IS DESIRABLE THAT EACH APPLICABLE QUESTION BE ANSWERED.

COPY

No. A-52753-0

Tax for Years

1961

CORPORATION REPORT AND TAX RETURN OF

Key West Medical Association, Inc.

P. O. ADDRESS _____

(Do not write below this line)

Filed in the office of the Secretary of State of the State of Florida, this _____ day of _____ A. D. 19____

_____ Secretary of State.

DULEY-NEWMAN, TALLAHASSEE—43706

Form D. C. T. R.–For Domestic Corporations

Corporation Report and Tax Return

to the

Secretary of State of Florida

as required by Chapter 608, Florida Statutes

Date Rec. JUL 17 1961

Amt. $ 10

Make check payable and mail to Secretary of State, Tallahassee, Florida. This report is due on or before July 1st of each year. Amount remitted with this report $_____

1. NAME ~~De Poo~~ Key West Medical Association, Inc.
(Give correct name)

2. ADDRESS 918 Southard Street Key West Monroe
(of the principal place of business (Town)) (County)

3. ADDRESS As Above
(where receipt for this payment is to be mailed)

4. NAME OF RESIDENT AGENT Raymond R. Lord ADDRESS County Court House Key West, Florida

5. NAMES AND ADDRESSES OF OFFICERS:

NAME	TITLE	ADDRESS
Dr. Julio De Poo	President	918 Southard Street
Mrs. Olga R. De Poo	Vice-President & Treasurer	"
Raymond R. Lord	Secretary	County Court House

6. NAMES AND ADDRESSES OF DIRECTORS (law requires at least (3) Directors)

NAME	ADDRESS
Dr. Julio De Poo	918 Southard Street
Mrs. Olga R. De Poo	" " "
Raymond R. Lord	County Court House

CAPITAL STOCK STATEMENT

7. Total AUTHORIZED Capital Stock:

_____ Shares of par value of $_____ each.

31 Shares without nominal or par value.

OUTSTANDING Capital Stock

8. _____ Shares of the par value of $_____ each, $_____

_____ Shares without nominal or par value (actual) $ 5,000

Total OUTSTANDING capital stock $_____

NO PAR value shares are presumed to have a value of at least $100.00 per share, but report should be accompanied by a brief financial statement showing actual value, including surplus which has become a part of invested capital.

Only one (1) report necessary where more than one (1) year's tax is paid at the time of filing.

9. Date of last meeting of Directors October 25, 1960

Is corporation active? Yes If inactive, state how long_____

Is the purpose of the corporation to begin business in the future? No

10. We the undersigned, certify the above statement of facts to be true and correct as shown by our books.

Julio de Poo (Corporate Seal)
By President or Vice-President

Attest: Raymond R. Lord
Secretary

11. General nature of business engaged in HOSPITAL

12. Date incorporated October 21, 1947

STATE OF FLORIDA
COUNTY OF Monroe

Personally appeared before me Dr. Julio De Poo who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 25th day of June 1961

(Notary Seal)

Agnes W. Millar
Signature of Officer taking acknowledgment

Notary Public, State of Florida at Large
My Commission Expires June 12, 1961
Bonded by American Surety Co. of N. Y.

COPY. Tear apart. Send in only the original. Keep COPY for your files.

PLEASE PRINT OR TYPE AND IT IS DESIRABLE THAT EACH APPLICABLE QUESTION BE ANSWERED.

No. A-52753-P

Tax for Years

1962.

CORPORATION REPORT AND TAX RETURN OF

Key West Medical Association Inc

P. O. ADDRESS

(Do not write below this line)

Filed in the office of the Secretary of State of the State of Florida, this

day of

A. D. 19

Secretary of State.

Form D. C. T. R.—For Domestic Corporations

Corporation Report and Tax Return

to the

Secretary of State of Florida

as required by Chapter 608, Florida Statutes

Do not write in this space.

Amt. Rec. _____

Amt. Due AUG 14 1962

Refund _____

Bal. Due _____

AUDITOR NO. 22 18060 ****10.00

DIRECTIONS: Read carefully.
Corporations are required to complete IN FULL a report and file with the Secretary of State on or before July 1 annually. Please print or type the information required herein. Make check for the capital stock tax payment payable to the Secretary of State. Tax is based on the value of issued and outstanding capital stock. See schedule on taxpayer's COPY. Only one (1) report necessary where more than one (1) year's tax is paid at the time of filing. Amount remitted with this report $10.00

1. NAME Dr. ~~Julio de Poo~~ Key West Medical Association, Inc.
(Give correct name)

2. ADDRESS OF PRINCIPAL PLACE OF BUSINESS 918 Southard St. P.O. Box 709
(Street or Post Office Box)
Key West, (City) Monroe (County) Florida (State)

3. NAMES AND ADDRESSES OF OFFICERS:

NAME	TITLE	ADDRESS
Dr. Julio De Poo	President	918 Southard St.
Mrs. Olga R. de Poo	Vice-President & Treasurer	" "
Raymond R. Lord	Secretary	County Court House

4. NAMES AND ADDRESSES OF DIRECTORS (law requires at least (3) Directors)

NAME	ADDRESS
Dr. Julio de Poo	918 Southard St.
Mrs. Olga R. de Poo	" " "
Raymond R. Lord	County Court House

5. NAME OF RESIDENT AGENT Raymond R. Lord ADDRESS County Court House

ORIGINAL

CAPITAL STOCK STATEMENT*

*NO PAR value shares are presumed to have a value of at least $100.00 per share, but report should be accompanied by a brief financial statement showing actual value, including surplus which has become a part of invested capital.

6. Total AUTHORIZED Capital Stock:
_____ Shares of the par value of $_____ each.
31 Shares without nominal or par value.

7. OUTSTANDING Captial Stock:
_____ Shares of the par value of $_____ each. $_____
31 Shares without nominal or par value (actual) $5,000
Total OUTSTANDING capital stock $_____

8. Date of last meeting of Directors October 25, 1961.
Is the corporation active? yes If inactive, state how long _____
Is the purpose of the corporation to begin business in the future? No

9. General nature of business engaged in ~~general hospital~~.

10. Date incorporated October 21, 1947

11. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

Julio de Poo Attest: Raymond R. Lord
By President or V-President (Corporate Seal) Secretary

STATE OF FLORIDA
COUNTY OF Monroe.

Personally appeared before me Julio J. de Poo, M. D.
who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 9th day of August 19 62

(Notary Seal) _____
Signature of Notary taking Acknowledgment

ORIGINAL. Tear apart. Send in only the original. Keep COPY for your files.

No. A-52753-Q

Tax for Years

1963

CORPORATION REPORT AND TAX RETURN OF

Key West Medical Association Inc.

ADDRESS

(Do not write below this line)

Filed in the office of the Secretary of State of the State of Florida, this

day of

A.D. 19

Secretary of State.

Form D. C. T. R.—For Domestic Corporations

Corporation Report and Tax Return

to the

Secretary of State of Florida

as required by Chapter 608, Florida Statutes

Do not write in this space.
Amt. Rec. JUL 31 1963
Amt. Due
Refund
Bal. Due
Vol. No. 24-63 Pg 2 226800 **** 10.00

DIRECTIONS: Read carefully.
Corporations are required to complete IN FULL a report and file with the Secretary of State on or before July 1 annually. Please print or type the information required herein. Make check for the capital stock tax payment payable to the Secretary of State. Tax is based on the value of issued and outstanding capital stock. See schedule on taxpayer's COPY. Only one (1) report necessary where more than one (1) year's tax is paid at the time of filing. Amount remitted with this report $10.00

1. NAME Key West Medical Association, Inc.
(Give correct name)

2. ADDRESS OF PRINCIPAL PLACE OF BUSINESS 918 Southard St. P. O. Box 709
(Street & Post Office Box)
Florida
(State)

ORIGINAL

		ADDRESS
Dr. Julio De Poo	President	918 Southard St.
Mrs. Olga R. De Poo	Vice President-Treasurer	918 Southard St.
Raymond R. Lord	Secretary	P. O. Box 149
all Key West, Fla.		

4. NAMES AND ADDRESSES OF DIRECTORS (law requires at least (3) Directors)

NAME	ADDRESS
Dr. Julio De Poo	918 Southard St.
Mrs. Olga R. De Poo	918 Southard St.
Raymond R. Lord	Box 149
Key West, Fla.	

5. NAME OF RESIDENT AGENT Raymond R. Lord ADDRESS Box 149
Key West, Florida.

CAPITAL STOCK STATEMENT*

*NO PAR value shares are presumed to have a value of at least $100.00 per share, but report should be accompanied by a brief financial statement showing actual value, including surplus which has become a part of invested capital.

6. Total AUTHORIZED Capital Stock:
_____ Shares of the par value of $_____ each.
50 Shares without nominal or par value.

7. OUTSTANDING Captial Stock:

_____	Shares of the par value of $_____ each.	$_____
31	Shares without nominal or par value (actual)	$5,000.00
	Total OUTSTANDING capital stock	$_____

8. Date of last meeting of Directors October 25, 1963.
Is the corporation active? yes If inactive, state how long _____
Is the purpose of the corporation to begin business in the future? no
9. General nature of business engaged in Medical-Hospital
10. Date incorporated October 21, 1947.
11. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

Julio De Poo M.D. Pres. Attest: Raymond R. Lord
By President or V-President (Corporate Seal) Secretary

STATE OF FLORIDA
COUNTY OF Monroe

Personally appeared before me Julio De Poo
who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 20th day of June 19 63.

(Notary Seal) Margaret Hickey
Signature of Notary taking acknowledgment
NOTARY PUBLIC, STATE OF FLORIDA AT LARGE
MY COMMISSION EXPIRES JUNE 1, 1966

ORIGINAL. Tear apart. Send in only the original. Keep COPY for your files.

A-52753

1st Copy

Corporation Report and Tax Return for Foreign and Domestic Corporation

State of Florida

Secretary of State

Tallahassee, Florida

Refer to This Number in All Correspondence: 54-03-A-152753

This return is due on July 1

1965

KEY WEST MEDICAL ASSOCIATION INC
DR JULIO DEPOO
918 SOUTHARD ST
KEY WEST FLA

( ) INSERT ZIP CODE IF NOT SHOWN

1. Key West Medical Association, Inc. (Give exact name of corporation)

2. Medical & Hospital Services. (General nature of business)

3. 918 Southerd Street (Street or Post Office Box of principal place of business) Key West (City) Monroe (County) Florida (State)

4. a. Dr. Julio DePoo (Officers - Name) President (Title) . 918 Southerd St., Key West, Florida (Address)
b. Olga R. DePoo V.President & Treasurer, " " " "
c. Raymond R. Lord Secretary P. O. Box 149, " " "
d.

5. a. Dr. Julio DePoo (Directors - Name) (Law requires at least (3) three) 918 Southard Street, Key West, Florida, (Address)
b. Olga R. DePoo 918 Southard Street, Key West, Florida.
c. Raymond R. Lord P. O. Box 149, Key West, Florida
d.

6. Raymond R. Lord (Resident Agent Name) 517 Whitehead Street, Key West, Florida (Address)

I hereby acknowledge acceptance of the appointment as resident agent upon whom service of process may be made. Raymond R. Lord. (Signature of resident agent)

7. Last meeting of Directors October 6,1964 (Month - Day - Year)
8. Corporation Active? yes (Yes or No)
9. If inactive, inactivity began (Month - Day - Year)
10. If inactive, will corporation begin business in the future? (Yes or No)
11. Date Incorporated Oct. 21, 1947 (Month - Day - Year)
12. If foreign corporation, Date Qualified in Fla. (Month - Day - Year)

13. Total Authorized Capital Stock:

(No. of shares with par value)	$ (Par value each)
	$
1 shares (No. of shares without par or nominal value)	

14. Outstanding Capital Stock:

(a) (No. of shares with par value)	$ (Par value each)	(Total value)
(b)		
(c) 31 shares (No. of shares without par or nominal value)		$5,000.00 (Total actual value)
(d) Total (a) + (b) + (c)		$5,000.00 (Total value)

15. Amount of tax Due $ 20.00
16. Less Credit Memo if any $
17. Amount of tax remitted with this return $ 20.00
18. If foreign corporation, give amount of capital employed in Florida. $
19. If foreign corporation, give the number of States in which you do business.

20. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

Julio DePoo M.D
By President or V-President

Attest: Raymond R. Lord
Secretary

STATE OF Florida.
COUNTY OF Monroe.

Personally appeared before me Dr. Julio R. DePoo who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 1st day of July 1965.

(Notarial Seal)

Raymond R. Lord
Signature of Notary taking acknowledgment

Send Original and 1st COPY TO FLORIDA REVENUE COMMISSION, TALLAHASSEE, FLORIDA.

FORM 1120 1st COPY

1st Copy

Corporation Report and Tax Return for Foreign and Domestic Corporations

State of Florida

Secretary of State

FILED
1966 MAY -2 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Refer to This Number in All Correspondence: 66-05-A-152753

This return is due on July 1: 1966

A-52753

KEY WEST MEDICAL ASSOCIATION INC
DR JULIO DEPOO
918 SOUTHARD ST
KEY WEST FLA

1. Key West Medical Association, Inc. (Give exact name of corporation)			2. Medical & Hospital (General nature of business)	
3. 918 Southard St. (Street or Post Office Box of principal place of business)	Key West, (City)	Monroe, (County)	Florida. (State)	
4. a. Dr. Julio DePoo (Officers-Name)	President (Title)	918 Southard St. Key West, Fla (Address)		
b. Olga P. DePoo	V. Pres. & Treasurer	" " " " " "		
c. Raymond R. Lord	Secretary	P. O. Box 140, " " "		
d.				
5. a. Dr. Julio DePoo (Directors - Name) (Law requires at least (3) three)		same as above (Address)		
b. Olga P. DePoo		same as above		
c. Raymond R. Lord		same as above		
d.				
6. Raymond R. Lord (Resident Agent Name)		517 Whitehead Street, Key West, Fla. (Address)		

7. Last meeting of Directors Oct. 6, 1965 (Month - Day - Year) 8. Corporation Active? Yes (Yes or No) 9. If inactive, inactivity began (Month - Day - Year)

10. If inactive, will corporation begin business in the future? (Yes or No) 11. Date Incorporated Oct. 21 1941 (Month - Day - Year) 12. If foreign corporation, Date Qualified in Fla. (Month - Day - Year)

13. Total Authorized Capital Stock:

(No. of shares with par value)	$ (Par value each)
(No. of shares with par value)	$ (Par value each)
31 shares (No. of shares without par or nominal value)	

14. Outstanding Capital Stock: (issued)

(a) (No. of shares with par value)	$ (Par value each)	$ (Total value)
(b) (No. of shares with par value)	(Par value each)	(Total value)
(c) 31 shares (No. of shares without par or nominal value)		$5,000.00 (Total actual value)
(d) Total (a) + (b) + (c)		$ 5,000.00

15. Amount of tax Due $20.00

16. Less Credit Memo if any $

17. Penalty and Interest (see instructions) $

18. Amount of tax remitted with this return $ 20.00

19. If foreign corporation, give amount of capital employed in Florida. $

20. If foreign corporation, give the number of States in which you do business.

21. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

By President

Attest: Raymond R. Lord
Secretary

STATE OF Florida
COUNTY OF Monroe.

Personally appeared before me Dr. Julio DePoo President who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 2nd day of May 1966.

Signature of Notary taking acknowledgment

Notary Public

FORM 1065 (Rev.)

Send Original TO FLORIDA REVENUE COMMISSION, TALLAHASSEE, FLORIDA
Send First copy to Secretary of State, Tallahassee, Florida

(SEE INSTRUCTIONS ON BACK OF LAST COPY)

1st COPY

1st Copy

Corporation Report and Tax Return for Foreign and Domestic Corporations

State of Florida

Secretary of State

Tallahassee, Florida

A-52753

Key West Medical Association, Inc.

1967 OCT 10 AM 11:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Refer to This Number in All Correspondence	This return is due on July 1
54-03-A-152753	1967

1. Key West Medical Association, Inc. (Give exact name of corporation)
2. (General nature of business) Medical & Hospital
3. 812 Southard Street (Street or Post Office Box of principal place of business) Key West (City) Monroe (County) Florida (State)
4. a. Dr. Julio DePoo (Officers-Name) President (Title) 812 Southard St. Key West, Fla. (Address)
   b. Olga R. DePoo, V. Pres. and Treasurer " " " " " "
   c. Raymond E. Lord, Secretary " " " P. O. Box 248, Key West, Fla.
   d.
5. a. Dr. Julio DePoo (Directors - Name) (Law requires at least (3) three) same as above (Address)
   b. Olga R. DePoo same as above
   c. Raymond E. Lord same as above
   d.
6. Raymond E. Lord (Resident Agent Name) 517 Whitehead Street, Key West, Florida (Address)
7. Last meeting of Directors Oct. 5, 1966 (Month - Day - Year) 8. Corporation Active? yes (Yes or No) 9. If inactive, inactivity began (Month - Day - Year)
10. If inactive, will corporation begin business in the future? (Yes or No) 11. Date Incorporated Oct. 21, 1941 (Month - Day - Year) 12. If foreign corporation, Date Qualified in Fla. (Month - Day - Year)

13. Total Authorized Capital Stock:

(No. of shares with par value)	$ (Par value each)
(No. of shares with par value)	$ (Par value each)
(No. of shares without par or nominal value)	

14. Outstanding Capital Stock: (issued)

	(No. of shares with par value)	$ (Par value each)	$ (Total value)
(a)			
(b)			
(c)	31 shares		$5,000.00 (Total actual value)
(d) Total (a)+(b)+(c)			$ 5,000.00 (Total value)

15. Amount of tax Due $ 20.00
16. Less Credit Memo if any $
17. Penalty and Interest (see instructions) $ 0.80
18. Amount of tax remitted with this return $ 20.80
19. If foreign corporation, give amount of capital employed in Florida $
20. If foreign corporation, give the numbers of States in which you do business.
21. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

Julio DePoo M.D.
By President or Vice-President

Attest: Raymond E. Lord
Secretary

STATE OF Florida
COUNTY OF Monroe

Personally appeared before me Dr. Julio DePoo, President who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 5th day of Oct. 1967.

(Notary Seal)

Signature of Notary taking acknowledgment

FORM FRC-100 Send Original (with Remittance) TO FLORIDA REVENUE COMMISSION, TALLAHASSEE, FLORIDA
Send First copy to Secretary of State, Tallahassee, Florida

(SEE INSTRUCTIONS ON BACK OF LAST COPY)

1st COPY

4-52753

1st Copy

Corporation Report and Tax Return for Foreign and Domestic Corporations

State of Florida

Secretary of State

Tallahassee, Florida

Refer to This Number in All Correspondence

This return is due on July 1

KEY WEST MEDICAL ASSOCIATION, INC.
DR JULIO DEPOO
918 SOUTHARD ST
KEY WEST FLA

FILED
OCT 21 1967
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Key West Medical Association, Inc. (Give exact name of corporation)
2. Medical & Hospital (General nature of business)
3. 918 Southard Street (Street or Post Office Box of principal place of business) Key West (City) Monroe (County) Florida (State) 33040
4. a. Dr. Julio DePoo (Officers-Name) President (Title) 918 Southard St (Address) Key West, Fla.
   b. Olga P. DePoo V. Pres. & Treasurer 918 Southard Street, Key West, Fla.
   c. Raymond R. Lord, Secretary, 827 Whitehead St., Key West, Fla.
   d. (P. O. Box 140)
5. a. Dr. Julio DePoo (Directors - Name) (Law requires at least (3) three) same as above (Address)
   b. Olga P. DePoo same as above
   c. Raymond R. Lord same as above
   d.
6. Raymond R. Lord (Resident Agent Name), 827 Whitehead Street, Key West, Fla. (Address)
7. Last meeting of Directors Oct. 6, 1967 (Month - Day - Year)
8. Corporation Active? yes (Yes or No)
9. If inactive, inactivity began (Month - Day - Year)
10. If inactive, will corporation begin business in the future? (Yes or No)
11. Date Incorporated Oct. 21, 1967 (Month - Day - Year)
12. If foreign corporation, Date Qualified in Fla. (Month - Day - Year)

13. Total Authorized Capital Stock:
   ( ) (No. of shares with par value) $ ( ) (Par value each)
   ( ) (No. of shares with par value) $ ( ) (Par value each)
   31 shares (No. of shares without par or nominal value)

14. Outstanding Capital Stock: (issued)
   (a) ( ) (No. of shares with par value) $ ( ) (Par value each) $ ( ) (Total value)
   (b) ( ) (No. of shares with par value) ( ) (Par value each) ( ) (Total value)
   (c) 31 shares (No. of shares without par or nominal value) $10,000.00 (Total value)
   (d) Total (a) + (b) + (c) $10,000.00 (Total value)

15. Amount of tax Due $20.00
16. Less Credit Memo if any $
17. Penalty and Interest (see instructions) $
18. Amount of tax remitted with this return $20.00
19. If foreign corporation, give amount of capital employed in Florida. $
20. If foreign corporation, give the number of States in which you do business.
21. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

[signature] by President or V President XXXXXXX

Attest: Raymond R Lord Secretary

STATE OF Florida
COUNTY OF Monroe

Personally appeared before me Dr. Julio DePoo who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 10th day of Oct. A.D. 1967

[signature] Signature of Notary taking acknowledgment

(Notary Seal)

FORM FRC-105

Send Original (with Remittance) TO FLORIDA REVENUE COMMISSION, TALLAHASSEE, FLORIDA
Send First copy to Secretary of State, Tallahassee, Florida
(SEE INSTRUCTIONS ON BACK OF LAST COPY)

1st COPY

A-52753

1st Copy

Corporation Report and Tax Return for Foreign and Domestic Corporations

State of Florida

Secretary of State

Tallahassee, Florida

Refer to This Number in All Correspondence 54-03-A-152753 10/21/47

This return is due on July 1. 1969

KEY WEST MEDICAL ASSOCIATION INC
DR JULIO DEPOO
918 SOUTHARD ST
KEY WEST FLA

RECEIVED
1968 JUL 2 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

	(General nature of business)
1. Key West Medical Association, Inc. (Give exact name of corporation)	2. Medical & Hospital.

3. 918 Southard Street (Street or Post Office Box of principal place of business) Key West (City) Monroe (County) Florida (State)

4.a Dr. Julio DePoo (Officers-Name) President (Title) 918 Southard St., Key West, Fla. (Address)

b. Olga R. DePoo, Vice Pres. & Treasurer " " " " " "

c. Paul J. DePoo, Secretary, " " " " " "

d.

5.a. Dr. Julio DePoo (Directors - Name) (Law requires at least (3) three) Same as above (Address)

b. Olga R. DePoo Same as above

c. Paul J. DePoo Same as above

d.

6. Raymond F. Lord, 517 Whitehead Street, Key West, Fla. 33040 (Resident Agent Name) (Address)

7. Last meeting of Directors Oct. 2, 1968 (Month - Day - Year) 8. Corporation Active? Yes (Yes or No) 9. If inactive, inactivity began (Month - Day - Year)

10. If inactive, will corporation begin business in the future? (Yes or No) 11. Date Incorporated 10/21/47 (Month - Day - Year) 12. If foreign corporation, Date Qualified in Fla. (Month - Day - Year)

13. Total Authorized Capital Stock:

$ (No. of shares with par value) (Par value each)

$ (No. of shares with par value) (Par value each)

(No. of shares without par or nominal value)

14. Outstanding Capital Stock: (issued)

(a) (No. of shares with par value) $ (Par value each) $ (Total value)

(b) (No. of shares with par value) (Par value each) (Total value)

(c) 31 shares (No. of shares without par or nominal value) $5,000.00 (Total actual value)

(d) Total (a) + (b) + (c) $5,000.00 (Total value)

15. Amount of tax Due $ 20.00

16. Less Credit Memo if any $

17. Penalty and Interest (see instructions) $

18. Amount of tax remitted with this return $ 20.00

19. If foreign corporation, give amount of capital employed in Florida. $

20. If foreign corporation, give the number of States in which you do business.

21. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

By President or V-President

Attest: Secretary

STATE OF Florida
COUNTY OF Monroe

Personally appeared before me Julio DePoo who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 17th day of July 19 68.

(Notary Seal) My Commission Expires Dec. 6, 1973

Signature of Notary taking acknowledgment

FORM FRC-100

Send Original (with Remittance) TO FLORIDA REVENUE COMMISSION, TALLAHASSEE, FLORIDA
Send First copy to Secretary of State, Tallahassee, Florida

1st COPY

(SEE INSTRUCTIONS ON BACK OF LAST COPY)

A-32753

Corporation Report and Tax Return for Foreign and Domestic Corporations

State of Florida
DEPARTMENT OF REVENUE
Tallahassee, Florida

JAN 5 10 25 AM '71
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Refer to This Number in All Correspondence: 54-03-A-152753
This return is due on July 1: 1970

KEY WEST MEDICAL ASSOCIATION
DR JULIO DEPOO
918 SOUTHARD ST
KEY WEST FLA

10/21/47

1. Key West Medical Association, Inc. (Give exact name of corporation)
2. Hospital (General nature of business)
3. 918 Southard St. (Street or Post Office Box of principal place of business) Key West (City) Monroe (County) Florida (State)
4. a. Julio J. DePoo (Officers-Name) President (Title) 918 Southard St., Key West (Address)
b. [illegible] Treasurer
c. Paul J. DePoo Secretary 1711 Bertha St. Key West
d.
5. a. NONE ABOVE (Directors - Name) (Law requires at least (3) three) (Address)
b.
c.
d.
6. Dr. Julio J. DePoo (Resident Agent Name) 918 Southard St., Key West, Fla. (Address)
7. Last meeting of Directors _____ (Month - Day - Year)
8. Corporation Active? YES (Yes or No)
9. If inactive, inactivity began _____ (Month - Day - Year)
10. If inactive, will corporation begin business in the future? _____ (Yes or No)
11. Date Incorporated Apr. 1, 1966 (Month - Day - Year)
12. If foreign corporation, Date Qualified in Fla. _____ (Month - Day - Year)

13. Total Authorized Capital Stock:
_____ (No. of shares with par value) $ _____ (Par value each)
_____ (No. of shares with par value) $ _____ (Par value each)
_____ (No. of shares without par or nominal value)

14. Outstanding Capital Stock: (issued)

(a) _____ (No. of shares with par value)	$ _____ (Par value each)	$ _____ (Total value)	
(b) _____ (No. of shares with par value)	_____ (Par value each)	_____ (Total value)	
(c) 31 (No. of shares without par or nominal value)		361.00 3158.XXX (Total actual value)	
(d) Total (a) + (b) + (c)		$ 169,361.00 (Total value)	

15. Amount of tax Due $ 200.00
16. Less Credit Memo if any $
17. Penalty and Interest (see instructions) $ 22.00
18. Amount of tax remitted with this return $ 222.00
19. If foreign corporation, give amount of capital employed in Florida. $
20. If foreign corporation, give the number of States in which you do business.
21. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

× Julio J. DePoo M.D.
By President or V-President

Attest: _____ Secretary

STATE OF _____
COUNTY OF _____

Personally appeared before me _____ who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this _____ day of _____ 19____

(Notary Seal)

_____ Signature of Notary taking acknowledgment

FORM 04-105

Send Original (with Remittance) TO THE DEPARTMENT OF REVENUE, TALLAHASSEE, FLORIDA
Send First copy to The Department of State, Tallahassee, Florida
(SEE INSTRUCTIONS ON BACK OF LAST COPY)

1st COPY

KEY WEST MEDICAL ASSOCIATION, INC.

BALANCE SHEET (UNAUDITED)

December 31, 1969

ASSETS

Cash	$ 32,653
Accounts receivable, less allowance for doubtful receivables	102,657
Inventories	6,974
Property, plant and equipment less accumulated depreciation	169,994
	$ 312,278

LIABILITIES AND STOCKHOLDERS' EQUITY

Accounts payable		$ 50,629
Mortage payable		93,288
Common stock	$ 7,000	
Additional paid-in capital	90,970	
Retained earnings	70,391	168,361
		$ 312,278

54-03-A-152753 10/21/47

KEY WEST MEDICAL ASSOCIATION INC

Page 1

CORPORATE PRIVILEGE TAX RETURN
FOR FOREIGN AND DOMESTIC CORPORATIONS

State of Florida
DEPARTMENT OF REVENUE
Tallahassee, Florida

Refer to This Number in All Correspondence

Taxable Period 7-1-71 through 12-31-71
Delinquent if filed after 11-1-71

KEY WEST MEDICAL ASSOCIATION INC
DR JULIO DEPOO
918 SOUTHARD ST
KEY WEST FLA

59-03-A-152753
10/21/47

1971

DEC--2-71 90310 B 152753 — 66 — 6993

REMOVE PERFORATED EDGES FROM BOTH SIDES AND READ INSTRUCTIONS ON BACK OF PAGE 1 OF ORIGINAL

REMOVE PERFORATED EDGES FROM BOTH SIDES AND READ INSTRUCTIONS ON BACK OF PAGE 1 OF ORIGINAL

1. KEY WEST MEDICAL ASSOCIATION, INC. (Give exact name of corporation) 2. 59-0571962 Employer ID #

3. a. 918 SOUTHARD ST. (Street Address of Home Office) KEY WEST (City) MONROE (County) FLA. (State) 33040 (Zip)

b. (Mailing Address if other than Home Office)

4. a. JULIO J DE POO (Officers Names) PRESIDENT (Title) 918 SOUTHARD, K.WEST (Street Address)

b. OLGA R. DE POO TREASURER — DO —

c. PAUL DE POO SECRETARY — DO —

d.

5. a. SAME AS ABOVE (Directors, Trustees or Managers) (Street Address)

b.

c.

d.

6. (Resident Agent Name) (Street Address)

7. Last meeting of Directors (Month - Day - Year) 8. Corporation Active? YES (Yes or No) If inactive, 9. inactivity began (Month - Day - Year)

10. General Nature of Business HOSPITAL 11. Date Incorporated APR. 1 1966 (Month - Day - Year) If foreign corporation, 12. Date Qualified in Fla. (Month - Day - Year)

13. Capital Stock:

	Class or Type	Par or Stated Value	Shares Authorized	Shares Issued Number	Book Value
(a)	COMMON	STATED VALUE	50	50	$ 188,668.80
(b)					$
(c)					$
(d)					$
(e) Total Book Value of Stock Issued					$ 188,668.80

14. If you do not have capital stock, describe the general rules applicable to all members by which the property rights and interests of each are determined

15. Close of annual accounting period for this return 197 (See General Instructions)

16. I/We declare that all Florida documentary stamp taxes applicable to corporate stock transactions for the 12 month period ending June 30, 1971 have been paid as required under Chapter 201, Florida Statutes, and I/we further declare that this return is true and correct.

[Corporate Seal]

KEY WEST MEDICAL ASSOCIATION, INC.
(Corporation Name)

Attest: Secretary or Assistant Secretary

By: Julio dePoo X
President or Vice President

Send Original Copies (with Remittance) TO THE DEPARTMENT OF REVENUE, TALLAHASSEE, FLORIDA
Send Department of State Copy to The Department of State, Tallahassee, Florida

Corporation Report and Tax Return for Foreign and Domestic Corporations

State of Florida
DEPARTMENT OF REVENUE
Tallahassee, Florida

0120332

KEY WEST MEDICAL ASSOCIATION, INC.
Dr. Julio Depoo
918 Southard Street
Key West, Florida

Refer to This Number in All Correspondence: A-152753

This return is due on July 1: 1971

JUN-21-71 938326 J# 1 527338— CK — 200.00

1. Key West Medical Association, Inc. (Give exact name of corporation)
2. Hospital (General nature of business)
3. 918 Southard St. (Street or Post Office Box of principal place of business) Key West (City) Monroe (County) Florida (State)
4. a. Julio J. De Poo (Officers-Name) President (Title) 918 Southard St. Key West, Fla. (Address)
   b. Olga R. De Poo — Treasurer — - ditto -
   c. Paul De Poo — Secretary — - ditto -
   d.
5. a. Same as above (Directors - Name) (Law requires at least (3) three) (Address)
   b.
   c.
   d.
6. Dr. Julio J. De Poo (Resident Agent Name) (Address)
7. Last meeting of Directors _____ (Month - Day - Year)
8. Corporation Active? Yes (Yes or No)
9. If inactive, inactivity began _____ (Month - Day - Year)
10. If inactive, will corporation begin business in the future? _____ (Yes or No)
11. Date Incorporated April 1, 1966 (Month - Day - Year)
12. If foreign corporation, Date Qualified in Fla. _____ (Month - Day - Year)

13. Total Authorized Capital Stock:

(No. of shares with par value)	$ (Per value each)
(No. of shares with par value)	$ (Per value each)
50 (No. of shares without par or nominal value)	

14. Outstanding Capital Stock: (issued)

(a) (No. of shares with par value)	$ (Per value each)	$ (Total value)
(b) (No. of shares with par value)	(Per value each)	(Total value)
(c) 50 (No. of shares without par or nominal value)		$ 196,502 (Total actual value)
(d) Total (a) + (b) + (c)		$ 196,502 (Total value)

15. Amount of tax Due $ 200.00
16. Less Credit Memo if any $
17. Penalty and Interest (see instructions) $
18. Amount of tax remitted with this return $ 200.00
19. If foreign corporation, give amount of capital employed in Florida. $
20. If foreign corporation, give the number of States in which you do business.
21. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

By President or V-President

Attest: _____ Secretary

STATE OF _____
COUNTY OF _____

Personally appeared before me _____
who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this _____ day of _____ 19____.

(Notary Seal)

Signature of Notary taking acknowledgment

FORM DR-1CS

Send Original (with Remittance) TO THE DEPARTMENT OF REVENUE, TALLAHASSEE, FLORIDA
Send First copy to The Department of State, Tallahassee, Florida

ORIGINAL

Corporation Report and Tax Return for Foreign and Domestic Corporations

State of Florida
DEPARTMENT OF REVENUE
Tallahassee, Florida

Refer to This Number in All Correspondence: 34-03-A-158753

This return is due on July 1: 1970

KEY WEST MEDICAL ASSOCIATION INC
DR JULIO DEPOO
918 SOUTHARD ST
KEY WEST FLA

10/21/67

JAN 7 71 064754 J# 1 52753 F FK 222.00

1. Key West Medical Association, Inc. (Give exact name of corporation)
2. Hospital (General nature of business)
3. 918 Southard St. (Street or Post Office Box of principal place of business) Key West (City) Monroe (County) Florida (State)
4. a. Julio J. DePoo (Officers-Name) President (Title) 8 Hilton Haven, Key West (Address)
   b. Olga R. DePoo Treasurer -d i t t o-
   c. Paul J. DePoo Secretary 1714 Bertha St., Key West
   d.
5. a. S A M E A S A B O V E . (Directors - Name) (Law requires at least (3) three) (Address)
   b.
   c.
   d.
6. Dr. Julio J. DePoo (Resident Agent Name) 918 Southard St., Key West, Fla. (Address)
7. Last meeting of Directors _____ (Month - Day - Year)
8. Corporation Active? YES (Yes or No)
9. If inactive, inactivity began _____ (Month - Day - Year)
10. If inactive, will corporation begin business in the future? _____ (Yes or No)
11. Date Incorporated Apr.1,1966 (Month - Day - Year)
12. If foreign corporation, Date Qualified in Fla. _____ (Month - Day - Year)

13. Total Authorized Capital Stock:
   _____ (No. of shares with par value) $ _____ (Par value each)
   _____ (No. of shares with par value) $ _____ (Par value each)
   31 (No. of shares without par or nominal value)

14. Outstanding Capital Stock: (issued)
   (a) _____ (No. of shares with par value) $ _____ (Par value each) $ _____ (Total value)
   (b) _____ (No. of shares with par value) _____ (Par value each) _____ (Total value) 361.00
   (c) 31 (No. of shares without par or nominal value) $168,[illegible] (Total actual value)
   (d) Total (a) + (b) + (c) $ 168,361.00 (Total value)

LETTER WRITTEN

15. Amount of tax Due $ 200.00
16. Less Credit Memo if any $ _____
17. Penalty and Interest (see instructions) $ 22.00
18. Amount of tax remitted with this return $ 222.00 SUPP. 2
19. If foreign corporation, give amount of capital employed in Florida. $ _____
20. If foreign corporation, give the number of States in which you do business. _____
21. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

X. _____ By President or V-President

Attest: _____ Secretary

STATE OF _____
COUNTY OF _____

Personally appeared before me _____ who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this _____ day of _____ 19____.

(Notary Seal) _____ Signature of Notary taking acknowledgment

FORM GR-108

Send Original (with Remittance) TO THE DEPARTMENT OF REVENUE, TALLAHASSEE, FLORIDA
Send First copy to The Department of State, Tallahassee, Florida ORIGINAL

(SEE INSTRUCTIONS ON BACK OF LAST COPY)

Corporation Report and Tax Return for Foreign and Domestic Corporations

State of Florida
FLORIDA REVENUE COMMISSION
Tallahassee, Florida

Refer to This Number in All Correspondence: 54-03-A-152759 10/21/47

This return is due on July 1: 1969

KEY WEST MEDICAL ASSOCIATION INC
DR JULIO DEPOO
918 SOUTHARD ST
KEY WEST FLA

AUG-27-69 632270 J# 1 52753 — CK — 20.00

1. Key West Medical Association, Inc. (Give exact name of corporation)
2. (General nature of business) Medical & Hospital.
3. 918 Southard Street (Street or Post Office Box of principal place of business) Key West (City) Monroe (County) Florida (State)
4. a. Dr. Julio DePoo (Officers-Name) President. (Title) 918 Southard St., Key West, Fla. (Address)
   b. Olga R. DePoo, Vice Pres. & Tressurer " " " " " "
   c. ~~Paul J. DePoo, Secretary,~~ " " " " " "
   d.
5. a. Dr. Julio DePoo (Directors - Name) (Law requires at least (3) three) ~~Same as above~~ (Address)
   b. Olga R. DePoo Same as above
   c. Paul J. DePoo Same as above
   d.
6. Raymond R. Lord, (Resident Agent Name) 517 Whitehead Street, Key West, Fla. 33040 (Address)
7. Last meeting of Directors Oct. 2, 1968 (Month - Day - Year) 8. Corporation Active? Yes (Yes or No) 9. If inactive, inactivity began (Month - Day - Year)
10. If inactive, will corporation begin business in the future? (Yes or No) 11. Date Incorporated 10/21/47 (Month - Day - Year) 12. If foreign corporation, Date Qualified in Fla. (Month - Day - Year)

13. Total Authorized Capital Stock:
   (No. of shares with par value) $ (Par value each)
   (No. of shares with par value) $ (Par value each)
   (No. of shares without par or nominal value)

14. Outstanding Capital Stock: (issued)

(a) (No. of shares with par value)	$ (Par value each)	$ (Total value)	
(b) (No. of shares with par value)	(Par value each)	(Total value)	
(c) 31 shares (No. of shares without par or nominal value)		$ 5,000.00 (Total actual value)	
(d) Total (a) + (b) + (c)		$ 5,000.00 (Total value)	5000.00

15. Amount of tax Due $ 20.00
16. Less Credit Memo if any $
17. Penalty and Interest (see instructions) $
18. Amount of tax remitted with this return $ 20.00
19. If foreign corporation, give amount of capital employed in Florida. $
20. If foreign corporation, give the number of States in which you do business.
21. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

By President or ~~Vice President~~

Attest: Secretary

STATE OF Florida
COUNTY OF Monroe.

Personally appeared before me Julio DePoo who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 17th day of July 19 69

(Notary Seal) My Commission Expires 1-14-73 Signature of Notary taking acknowledgment

FORM FRC-105 Send Original (with Remittance) TO FLORIDA REVENUE COMMISSION, TALLAHASSEE, FLORIDA
Send First copy to Secretary of State, Tallahassee, Florida

(SEE INSTRUCTIONS ON BACK OF PAGE) ORIGINAL

Corporation Report and Tax Return for Foreign and Domestic Corporations

State of Florida
FLORIDA REVENUE COMMISSION
Tallahassee, Florida

Refer to This Number in All Correspondence	This return is due on July 1
64-03-A-152753 10/21/47	1968

KEY WEST MEDICAL ASSOCIATION INC
DR JULIO DEPOO
918 SOUTHARD ST
KEY WEST FLA

20.00

1. Key West Medical Association, Inc. (Give exact name of corporation)
2. Medical & Hospital (General nature of business)
3. 918 Southard Street (Street or Post Office Box of principal place of business) Key West (City) Monroe (County) Florida (State) Zip C. 33040

4.a. Dr. Julio DePoo (Officers-Name) President (Title) 918 Southard St., Key West, Fla. (Address)
b. Olga R. DePoo V. Pres. & Treasurer 918 Southard Street, Key West, Fla.
c. ~~Raymond R. Lord, Secretary,~~ ~~517 Whitehead St., Key West, Fla.~~
d. (P. O. Box 149)

5.a. De. Julio DePoo (Directors - Name) (Law requires at least (3) three) same as above (Address)
b. Olga R. DePoo same as above
c. Raymond R. Lord same as above
d.

6. Raymond R. Lord, 517 Whitehead Street, Key West, Fla. (Resident Agent Name) (Address)

7. Last meeting of Directors Oct. 6, 1967 (Month - Day - Year) 8. Corporation Active? yes (Yes or No) 9. If inactive, inactivity began (Month - Day - Year)
10. If inactive, will corporation begin business in the future? (Yes or No) 11. Date Incorporated Oct. 21, 1947 (Month - Day - Year) 12. If foreign corporation, Date Qualified in Fla. (Month - Day - Year)

13. Total Authorized Capital Stock:
(No. of shares with par value) $ (Par value each)
(No. of shares with par value) $ (Par value each)
31 shares (No. of shares without par or assigned value)

14. Outstanding Capital Stock: (issued)
(a) (No. of shares with par value) $ (Par value each) $ (Total value)
(b) (No. of shares with par value) (Par value each) (Total value)
(c) 31 shares (No. of shares without par or assigned value) $10,000.00 (Total actual value)
(d) Total (a) + (b) + (c) $10,000.00 (Total value)

15. Amount of tax $20.00
16. Less Credit Memo if any $
17. Penalty and Interest (see instructions) $
18. Amount of tax remitted with this return $20.00
19. If foreign corporation, give amount of capital employed in Florida. $
20. If foreign corporation, give the number of States in which you do business.

21. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

Julio DePoo M.D
By President

Attest: Raymond R. Lord
Secretary

STATE OF Florida
COUNTY OF Monroe

Personally appeared before me Dr. Julio DePoo who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 10th day of April 1968.

Raymond R Lord
Signature of Notary taking acknowledgment

(Notary Seal)

FORM FRC 109 Send Original (with Remittance) TO FLORIDA REVENUE COMMISSION, TALLAHASSEE, FLORIDA
Send First copy to Secretary of State, Tallahassee, Florida
(SEE INSTRUCTIONS ON BACK OF LAST COPY)

ORIGINAL

Monroe

Owner No. 52753 Key West 10-21-47

Name Key West Medical Association, Inc.

Address Dr. [illegible], Key West

[illegible] 918 Southard St. Dr. Julio DePoo

Date	Amount	Year
7-29-48	6.67	1948
4-6-49	10.00	1949
[illegible]	[illegible]	1950
6-11-52	10.00	1951
6-16-52	10.00	1952
5-25-53	10.00	1953
6-10-54	10.00	1954
[illegible]-55	10.00	1955
[illegible]-56	10.00	1956
[illegible]-57	10.00	1957
7-7-58	10.00	1958
8-14-59	10.00	1959
8-4-60	10.00	1960
7-17-61	10.00	1961
[illegible]	[illegible]	[illegible]
7-24-63	10.00	1963

50 shrs @ NPV

SEE IMPORTANT DISSOLUTION NOTICE ON OTHER SIDE

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Bruce A. Smathers
Secretary of State

Form COR 820 (8-77)

CORPORATION ANNUAL REPORT AND DISSOLUTION NOTICE

1977

THIS REPORT MUST BE ACCOMPANIED BY A $5 FEE.

FILED
SEP 26 7 35 PM 1977
FLORIDA DEPARTMENT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

▶ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ◀

1. Name and Address of Corporation Principal Office:

152753 KEY WEST MEDICAL
ASSOCIATION, INC.
DR JULIO DEPOO
918 SOUTHARD ST
KEY WEST FLA 33040

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State | Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 10/21/1947

4. Federal Employer Identification Number (FEIN): 59-0571962

5. Date of Last Report: 1976

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State
DE POO, JULIO	PRES	DIR	918 SOUTHARD STREET	KEY WEST, FL
DE POO, OLGA		DIR	918 SOUTHARD STREET	KEY WEST, FL
DE POO, PAUL		DIR	918 SOUTHARD STREET	KEY WEST, FL

7. Registered Agent Information

Name: DE POO, JULIO
Street Address (Do NOT Use P.O. Box Number): 918 SOUTHARD ST
City, State and Zip Code: KEY WEST, FL

If you wish to change Registered Agent on this form, enter all new information here ▶

Name
Street Address (Do NOT Use P.O. Box Number)
City, State and Zip Code

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Titles Will Be Accepted. Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath;

Typed Name of Signing Officer: Julio J. de Poo
Title: M.D. PAD
Signature: [signature]
Date: 9/26/77
Telephone Number: (305)296-5641
Date: 9-13-77

RICHARD (DICK) STONE
Secretary of State
THE CAPITOL
TALLAHASSEE, FLA.
32304

STATE OF FLORIDA
DEPARTMENT OF STATE

PRIVILEGE TAX RETI

FOR CORPORATIONS & OTHER ENTITIES

ADDRESS CORRECTION REQUESTED

152753-54-03 10/21/47
KEY WEST MEDICAL ASSOCIATION INC
DR JULIO DEPOO
918 SOUTHARD ST
KEY WEST FLA

DATE DUE: JAN. 1, 1972
DATE DELINQUENT: MAR. 1, 1972
PLEASE TYPE

Change Mailing Address to: _____
_____ Zip _____

READ INSTRUCTIONS ON BACK

(Exact Corporate Name) — Fed. Emp. I.D. No.

1. Key West Medical Association, Inc. 2. 59-0571962

(Street Address of Principal Office in Fla.) (City) (County) (State) (Zip)

3. 918 Southard St. Key West Monroe Florida 33040

(Officers Names) (Title) (Street Address) (City)

4.(a) Julio J. De Poo — President — Same as above
(b) Paul De Poo — Secretary — "
(c) _____
(d) _____

(Directors, Trustees, Managers) (Street Address) (City)

5.(a) _____
(b) SAME AS ABOVE
(c) _____
(d) _____

(Resident Agent Name) (Street Address) (City)

6. _____

7. General Nature of Business Hospital
8. Date Formed or Incorporated 4 / 1 / 66
9. If Foreign Corporation, Date Qualified in Florida ___/___/___

10. Capital Stock (or number and book value of all certificates of interest or participation):

	Class or Type	Par or Stated Value	Shares Authorized	Number	Book Value
(a)	Common	Stated	50	50	$ 188,668.80
(b)					$
(c)					$
(d)					$
(e)	Total Book Value of Stock (Certificates) Issued				$ 188,668.80

11. If you do not have Capital Stock, describe the general rules applicable to all members by which the property rights and interests of each are determined _____

12. Close of annual accounting period for this return 12 / 31 / 71.

13. I/We declare that all Florida documentary stamp taxes applicable to corporate stock (or certificates of interest or participation) transactions for the 12 month period ending Dec. 31 have been paid as required under Chapter 201, Florida Statutes, and I/We further declare that this return is true and correct.

(Corporate Seal)

Key West Medical Association, Inc.
(Corporate Name)

Attest: _____
Secretary or Assistant Secretary

By: _____
President or Vice President

Return Original (with Tax Payment) to DEPARTMENT OF STATE
THE CAPITOL
TALLAHASSEE, FLORIDA 32304

PRIVILEGE TAX PROFIT ENTITIES $5.00 NON-PROFIT ENTITIES $2.00

READ INSTRUCTIONS ON BACK
PRIVILEGE TAX PROFIT ENTITIES $5.00 NON-PROFIT ENTITIES $2.00

(1) 152793 (2) 10/21/1947

ARTER NUMBER — DATE INC. OR IF FOREIGN DATE QUALIFIED IN FLA.

ANNUAL REPORT
FOR CORPORATIONS AND OTHER ENTITIES

VALIDATION AREA - DO NOT WRITE IN THIS SPACE

(3) KEY WEST MEDICAL ASSOCIATION INC

ACT ME

SECRETARY OF STATE
RICHARD (DICK) STONE
P.O. BOX 6327
TALLAHASSEE, FLA. 32301

DUE JAN 1, 1974 — DELINQUENT JULY 1 — $5.00

CORP-AR74

PAGE 1

(4) FED. EMPL. I.D. NO. 59-0371962 (5) SICC 8090 (SEE PAGE 4)

DE POO, JULIO
918 SOUTHARD ST
KEY WEST, FL

IDENT NT

(7) OFFICERS/DIRECTORS NAMES — CITY / STATE

POO, JULIO	KEY WEST, FL
POO, OLGA	KEY WEST, FL
POO, PAUL	KEY WEST, FL
POO, JULIO	KEY WEST, FL
POO, OLGA	KEY WEST, FL
POO, PAUL	KEY WEST, FL

(8) FISCAL CLOSE OF ACCOUNTING PERIOD MO. 12

152793
KEY WEST MEDICAL ASSOCIATION INC
DR JULIO DEPOO
918 SOUTHARD ST
KEY WEST FLA 33040

LING RESS

(10) PRIMARY STOCK

AUTH. STK. ??????????? PAR VALUE .50

ECLARE THAT ALL FLORIDA DOCUMENTARY STAMP TAXES APPLICABLE TO CORPORATE CK (OR CERTIFICATES OF INTEREST OR PARTICIPATION) TRANSACTIONS DURING THE VIOUS YEAR HAVE BEEN PAID AS REQUIRED BY CHAPTER 201, FLORIDA STATUTES; I FURTHER LARE THAT I AM THE AUTHORIZED PERSON TO SIGN THE REPORT FOR THIS ENTITY AND T IT IS TRUE AND CORRECT.

ITHORIZED SIGNATURE Julio Depoo MD

TITLE Administrator TEL. NO. 305-296-2322

CORRECTIONS AND ADDITIONAL INFORMATION-PLEASE TYPE

(4a) FED. EMPLOYER ID. NO.

(5a) SICC (SEE PAGE 4)

(6a)

(7a) OFFICERS/DIRECTORS — STREET ADDRESS — TITLE

- IF ADDITIONAL OFFICERS/DIRECTORS, ATTACH ADDENDUM SHEET -

(8a) FISCAL CLOSE OF ACCOUNTING PERIOD (MONTH)

(9a)

(9b) STREET ADDRESS

(10a) CAPITAL STOCK (OR NUMBER & BOOK VALUE OF ALL CERTIFICATES OF INTEREST OR PARTICIPATION)

	CLASS OR TYPE	PAR, NO. PAR, OR STATED VALUE	SHARES AUTHORIZED	NUMBER BOOK VALUE
(1)	Common	Stated value	50	50 $15,882
(2)				$

(10b) IF YOU DO NOT HAVE CAPITAL STOCK, DESCRIBE THE GENERAL RULES APPLICABLE TO ALL MEMBERS BY WHICH THE PROPERTY RIGHTS AND INTERESTS OF EACH ARE DETERMINED

(12) RESIDENT AGENT SIGNATURE

(IF DIFFERENT FROM NO. 6 (ABOVE))

PLEASE READ INSTRUCTIONS ON PAGE 2

FILING FEES $5.00 PROFIT ENTITY $2.00 NON PROFIT

CORPORATION ANNUAL REPORT

FILED
SEP 18-75 1
266*******5 DC

DUE JANUARY 1 — DELINQUENT JULY 1 — VALIDATION AREA - DO NOT WRITE IN THIS SPACE

(PRINT OR TYPE)
MAIL THIS FORM AND FILING FEE TO:

SECRETARY OF STATE
THE CAPITOL
TALLAHASSEE, FLORIDA
32304

(1) CHARTER NUMBER: 152753 7

(2) DATE INC. OR IF FOREIGN DATE QUALIFIED IN FLA.: 10/21/1947

(3) SICC (SEE ENVELOPE BACK): 8060

(3a) CHANGE TO:

(4) FED EMPLOYER ID NO.: 59-0571962

(4a) CHANGE TO:

(5) FISCAL CLOSE OF ACCOUNTING PERIOD (MO): 12

(5a) CHANGE TO:

1974 YEAR OF LAST REPORT FILED IN THIS OFFICE

1975 YEAR(S) THIS REPORT COVERS

(6) EXACT NAME: KEY WEST MEDICAL ASSOCIATION INC

(7) IF RESIDENT AGENT AND/OR ADDRESS IS DIFFERENT, WRITE THIS OFFICE AT THE ABOVE ADDRESS FOR PROPER FORMS.

RESIDENT AGENT AND STREET ADDRESS:
DE POO, JULIO
918 SOUTHARD ST
KEY WEST, FL

9-24-75

PLEASE READ INSTRUCTIONS ON BACK

NOTICE: IN THE FUTURE, ALL MAIL WILL BE ADDRESSED TO THE PHYSICAL STREET ADDRESS OF EACH CORPORATION. TO COMPLY WITH THIS REQUIREMENT, PLEASE CHANGE THE MAILING ADDRESS (IF DIFFERENT) AND PHYSICAL STREET ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS (NOT AN AGENT'S).

(8) ADDRESS:
152753
KEY WEST MEDICAL ASSOCIATION INC
DR JULIO DEPOO
918 SOUTHARD ST
KEY WEST FLA 33040

(8a) CHANGE TO:
NO P.O. BOX

(9)

OFFICERS/DIRECTORS NAMES	STREET ADDRESS	CITY / STATE	TITLE(S)	
DE POO, JULIO	918 Southard ST	KEY WEST, FL	PRES	DIR
DE POO, OLGA	918 Southard ST	KEY WEST, FL	V.P.	DIR
DE POO, PAUL	918 Southard ST	KEY WEST, FL	SEC	DIR

CAPITAL STOCK

(10)

(10a) CAPITAL STOCK (OR NUMBER & BOOK VALUE OF ALL CERTIFICATES OF INTEREST OR PARTICIPATION)

	CLASS OR TYPE	PAR NO PAR OR STATED VALUE	SHARES AUTHORIZED	NUMBER BOOK VALUE
(1)	Common	NoPAR	50	$ 7000
(2)				$

IF YOU DO NOT HAVE CAPITAL STOCK, DESCRIBE THE GENERAL RULES APPLICABLE TO ALL MEMBERS BY WHICH THE PROPERTY RIGHTS AND INTERESTS OF EACH ARE DETERMINED

I DECLARE THAT ALL FLORIDA DOCUMENTARY STAMP TAXES APPLICABLE TO CORPORATE STOCK (OR CERTIFICATES OF INTEREST OR PARTICIPATION) TRANSACTIONS DURING THE PREVIOUS YEAR HAVE BEEN PAID AS REQUIRED BY CHAPTER 201, FLORIDA STATUTES; I FURTHER DECLARE THAT I AM THE AUTHORIZED PERSON TO SIGN THE REPORT FOR THIS ENTITY AND THAT IT IS TRUE AND CORRECT.

AUTHORIZED SIGNATURE: Julio de Poo MD

TITLE: President - Director TEL. NO.

DATE: 8/28/75

CORP-AR75

ANNUAL REPORT FEES
$5.00—PROFIT CORP.
$5.00—NON-PROFIT CORP.

PERMIT THIS FORM & FILING FEE TO:
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
THE CAPITOL
TALLAHASSEE, FLORIDA
32304

CORPORATION ANNUAL REPORT

FEB 25 18 -231000 ****5.00

DUE—JAN. 1 DELINQUENT—JULY 1 VALIDATION AREA - DO NOT WRITE IN THIS SPACE

(1) 152753 7 CHARTER NUMBER

(2) 10/21/1947 DATE INC. OR IF FOREIGN DATE QUALIFIED IN FLA.

(3) SICC (SEE ENVELOPE BACK) 8060

(3a) CHANGE TO:

1975 YEAR OF LAST REPORT FILED IN THIS OFFICE

1976 YEAR(S) THIS REPORT COVERS

(4) FED. EMPLOYER ID. NO. 59-0571962

(4a) CHANGE TO:

PLEASE READ INSTRUCTIONS ON BACK

(5) EXACT NAME: KEY WEST MEDICAL ASSOCIATION INC

(6) STREET ADDRESS OF PRINCIPAL OFFICE. POST OFFICE BOX ALONE WILL NOT BE ACCEPTABLE

ADDRESS:
152753
KEY WEST MEDICAL ASSOCIATION INC
DR JULIO DEPOO
918 SOUTHARD ST
KEY WEST FLA 33040

(6a) STREET ADDRESS CHANGE

(7) REGISTERED AGENT AND STREET ADDRESS:
DE POO, JULIO
918 SOUTHARD ST
KEY WEST, FL

(7a) REGISTERED AGENT NAME CHANGE AND/OR ADDRESS CHANGE INCLUDE REGISTERED OFFICE ADDRESS

(8) TYPE CORRECTIONS IN SPACE PROVIDED BELOW. STRIKE THROUGH INCORRECT ENTRIES. CORRECTIONS MUST BE LEGIBLE.

NAMES OF ALL OFFICERS AND DIRECTORS	STREET ADDRESS	CITY / STATE	TITLES MUST BE SHOWN	
DE POO, JULIO	918 SOUTHARD STREET	KEY WEST, FL	PRES	DIR
DE POO, OLGA	918 SOUTHARD STREET	KEY WEST, FL	V.P.	DIR
DE POO, PAUL	918 SOUTHARD STREET	KEY WEST, FL	SEC	DIR

APPROVED AND FILED
MAR 17 1976
FLORIDA DEPT OF STATE
CORPORATION DIVISION
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE FOR DIVISION USE ONLY

3/18/76

I CERTIFY THAT I AM AN OFFICER OF THIS CORPORATION EMPOWERED TO EXECUTE THIS REPORT AS REQUIRED BY CHAPTER 607, FLORIDA STATUTES. I FURTHER CERTIFY THAT I UNDERSTAND MY SIGNATURE ON THIS REPORT SHALL HAVE THE SAME LEGAL EFFECT AS IF MADE UNDER OATH

SIGNATURE Olga M De Poo

TITLE Vice Pres TEL NO. 2/10/76

DATE

CORP-AR75

No. A 52753

KEY WEST MEDICAL ASSOCIATION, INC.

A

Principal Place of Business Key West,

Capital Stock, $ 50 Shrs. NPV. Com. Filed 10/21/47

(a) Resident Agent filed 11-13-47

(b) [redacted] 7. 2 '48 Pd Yr 48

(c) C.S.T. Ret. Filed 4 - 6 '49 Year 1949

(d) C.S.T. Ret. Filed 5. 25. '51 Year 1950

(e) C.S.T. Ret. Filed 6. 11. 52 1951

(f) C.S.T. Ret. Filed 6. 16. 52 1952

(g) C.S.T. Ret. Filed 5. 25. '53 Year 1953

(h) C.S.T. Ret. Filed 6. 10. '54 Year 1954

(i) [illegible] Ret. Filed JUN 27 '55 Year 1955

(j) C.S.T. Ret. Filed JUN 25 '56 Year 1956

(k) C.S.T. Ret. Filed JUN 20 '57 Year 1957

(l) C.S.T. Ret. Filed JUL 7 '58 Year 1958

(M) C.S.T. Ret. Filed AUG 14 '59 Year 1959
(N) C.S.T. Ret. Filed AUG 4 '60 Year 1960
(O) C.S.T. Ret. Filed JUL 17 '61 Year 1961
(P) C. S. T. Ret. Filed AUG 14 1962 Year 1962
(Q) C. S. T. Ret. Filed JUL 31 1963 Year 1963

B-[redacted]834

THE FILING FEE FOR THE 1978 ANNUAL REPORT IS $10.

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

CORPORATION ANNUAL REPORT
1978

Bruce A. Smathers
Secretary of State

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE (Form COR 620) 12-1-77

APPROVED AND FILED
JUN 6 10 00 AM 1978
FLORIDA DEP'T. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

▶ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ◀

1. Name and Address of Corporation Principal Office:

152753 KEY WEST MEDICAL
ASSOCIATION, INC.
DR JULIO DEPOO
918 SOUTHARD ST
KEY WEST FLA 33040

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State | Zip Code

3. Date Incorporated or Qualified To Do Business in Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
10/21/1947	59-0571962	1977

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
DE POO, JULIO	DIR		918 SOUTHARD STREET	KEY WEST, FL
DE POO, OLGA	DIR	X	918 SOUTHARD STREET	KEY WEST, FL
DE POO, PAUL	DIR		918 SOUTHARD STREET	KEY WEST, FL

7. Registered Agent Information

Name: DE POO, JULIO | Street Address (Do NOT Use P.O. Box Number): 918 SOUTHARD ST
City, State and Zip Code: KEY WEST, FL

If you wish to change Registered Agent on this form, enter all new information here ▶

Name | Street Address (Do NOT Use P.O. Box Number)
City, State and Zip Code

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Titles Will Be Accepted, Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

JUN 6 - 78

Typed Name of Signing Officer	Title	Telephone Number
Olga Renedo De Poo	Vice President	305-296-5641

Signature: Olga Renedo De Poo Vice President | Date: 6/4/78

NOTE: THE FILING FEE FOR THE 1978 ANNUAL REPORT IS $10.

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS $10.

CORPORATION ANNUAL REPORT

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
FEB 9 10 32 AM 1979
SECRETARY OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

1979

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE.

DO NOT WRITE IN THIS SPACE

JAN 27-79 2 898******10.00

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

1. Name and Address of Corporation Principal Office:

052753
KEY WEST MEDICAL ASSOCIATION, INC.
~~DR JULIO DEPOO~~
918 SOUTHARD ST
KEY WEST FLA 33040

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 10/21/1947

4. Federal Employer Identification Number (FEIN): 59-0571962

5. Date of Last Report: 1978

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
~~DE POO, JULIO~~	~~P/D~~	~~918 SOUTHARD STREET~~	~~KEY WEST, FL~~
DE POO, OLGA	~~P/D~~ P/D	918 SOUTHARD STREET	KEY WEST, FL
DE POO, PAUL	D	918 SOUTHARD STREET	KEY WEST, FL

Registered Agent Information

Name: DE POO, JULIO

Street Address (Do NOT Use P.O. Box Number): 918 SOUTHARD ST

City, State and Zip Code: KEY WEST, FL

If you wish to change Registered Agent on this form, enter all new information below.

Name: OLGA R. DePoo

Street Address (Do NOT Use P.O. Box Number): 918 Southard St

City, State and Zip Code: Key West FL 33040

8. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

DO NOT WRITE IN THIS SPACE

Typed Name of Signing Officer: OLGA R. DePoo

Title: PRESIDENT

Telephone Number: 294-1822

Signature:

Date: 1-3-79

(Form 607R 6201 Rev. 10/25/78)

NOTE: THE FILING FEE FOR THE 1979 ANNUAL REPORT IS $10.

B-974

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

1980

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

DO NOT WRITE IN THIS SPACE

APPROVED
AND
FILED
JUN 30 8:42 AM 1980
FLORIDA DEPARTMENT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office:

152753
KEY WEST MEDICAL ASSOCIATION, INC.
918 SOUTHARD ST.
KEY WEST FLA 33040

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State | Zip Code

6949 6/24/80 152753
006 2 10.00 BT

3. Date Incorporated or Qualified To Do Business in Florida: 10/21/1947

4. Federal Employer Identification Number (FEIN): 59-0571962

5. Date of Last Report: 1979

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
LESTER, J. L., JR.	P/D	918 Southard St.	Key West, Fla.
MOORE, HERMAN K.	V/D	918 Southard St.	Key West, Fla.
KREINCES , JOHN D.	S/T/D	918 Southard St.	Key West, Fla.

7. Registered Agent Information

Name: [illegible] JAMES T. HENDRICK

Street Address (Do NOT Use P.O. Box Number): [illegible] 317 Whitehead St.

City, State and Zip Code: KEY WEST, FL 33040

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of $5.

8. **See signature restrictions under Instructions on reverse side of this form.**

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Typed Name of Signing Officer	Title	Telephone Number
J. L. LESTER, JR.	President	(305) 296-5676

Signature

Date: May 14, 1980

DO NOT WRITE IN THIS SPACE

(Form COR 620 Rev. 11/18/79)

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

1981

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

DO NOT WRITE IN THIS SPACE

FILED

APR 27 12 03 PM '81

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office

152753
KEY WEST MEDICAL ASSOCIATION, INC.
918 SOUTHARD ST.
KEY WEST FLA 33040

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address

P.O. Box No.

City

State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 10/21/1947

4. Federal Employer Identification Number (FEIN): 59-0571962

5. Date of Last Report: 1980

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
LESTER, J.L., JR	P/D	918 SOUTHARD ST	KEY WEST, FL
MOORE, HERMAN K	V/D	918 SOUTHARD ST	KEY WEST, FL
KREINCES, JOHN D	S/T/D	918 SOUTHARD ST	KEY WEST, FL

RECEIVED
FEB 9 1981

7. Registered Agent Information

Name
HENDRICK, JAMES T
Street Address (Do NOT Use P.O. Box Number)
317 WHITEHEAD STREET
City, State and Zip Code
KEY WEST, FL 33040

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of $3.

4/27 JHD

8. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Typed Name of Signing Officer: John D. Kreinces, M.D.

Title: Secretary/Treasurer

Telephone Number: 296-8526 area 305

Signature: X John D. Kreinces

Date:

152753 04-16-81 2 3 828 10.00

DO NOT WRITE IN THIS SPACE

Form COR A201 (Rev. 10/78)

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE [illegible] OF EACH YEAR

CORPORATION ANNUAL REPORT **1982**

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

George Firestone
Secretary of State

FILED
FEB 9 11 03 AM '82
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $10 Required — Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office

152753
KEY WEST MEDICAL ASSOCIATION, INC.
918 SOUTHARD ST.
KEY WEST FLA 33040

If above address is incorrect or any way enter the correct address in Item 2 Include Zip Code

2. Enter Change to Address of Corporation Principal Office P.O. Box Number Alone is NOT Sufficient

Street Address
P.O. Box No.
City
State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 10/21/1947

4. Federal Employer Identification Number (FEIN): 59-0571962

5. Date of Last Report: 04/27/1981

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
LESTER, J.L., JR	P/D	918 SOUTHARD ST	KEY WEST, FL
MOORE, HERMAN K	V/D	918 SOUTHARD ST	KEY WEST, FL
KREINCES, JOHN D	S/T/D	918 SOUTHARD ST	KEY WEST, FL

Registered Agent Information

7. Name and Address of Current Registered Agent

HENDRICK, JAMES T
317 WHITEHEAD STREET
KEY WEST, FL 33040

8. Name and Address of New Registered Agent

Name
Street Address (DO NOT Use P.O. Box Number)
City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature instructions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath

Signature
X [signature]

Date

Type or Print Name of Signing Officer

Title S/T

Telephone Number

6950 6/24/80 152753
006 27 3.00

To: DEPARTMENT OF STATE
Tallahassee, Florida 32304

The undersigned as President of the corporation hereinafter named, hereby applies for a change in the Registered Agent and change of address of registered corporate office, and states as follows, pursuant to Section 607.037 of the Florida Statutes:

1. The name of the corporation is Key West Medical Association, Inc.
2. The street address of the current registered office of the corporation is 918 Southard St., Key West, Florida 33040.
3. The name of the current Registered agent of the corporation is Olga DePoo, 918 Southard St., Key West, Florida 33040.
4. The name of the new Registered Agent of the corporation is JAMES T. HENDRICK.
5. The street address to which the registered office is to be changed is 317 Whitehead Street, Key West, Florida 33040
6. JAMES T. HENDRICK, as registered agent of the corporation shall adopt as his business office, the registered office of the corporation so that the address of the registered office of the corporation and the address of the business office of its Registered Agent, as changed, will be identical.
7. The aforementioned changes were authorized by resolution duly adopted by the Board of Directors at its meeting held on May 8, 1980.

Dated the 8th day of May, 1980.

J. L. Lester,
President

Attest: (Corporate Seal)

Secretary

Undersigned accepts the designation of Registered Agent of Key West Medical Association, Inc., a Florida corporation.

James T. Hendrick

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT **1983**

George Firestone
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED
FILED
Feb 15 10 2; AM 1983
FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $10 Required —Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office

152753
KEY WEST MEDICAL ASSOCIATION, INC.
918 SOUTHARD ST.
KEY WEST FLA 33040

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.

Street Address:
P.O. Box No.: P.O. Box 690
City: Key West
State: Florida
Zip Code: 33041-0690

3. Date Incorporated or Qualified To Do Business in Florida: 10/21/1947

4. Federal Employer Identification Number (FEIN): 59-0571963

5. Date of Last Report: 02/08/1982

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
LESTER, J.L., JR	P/D	918 SOUTHARD ST	KEY WEST, FL
MOORE, HERMAN K	V/D	918 SOUTHARD ST	KEY WEST, FL
KREINCES, JOHN D	S/T/D	918 SOUTHARD ST	KEY WEST, FL

Registered Agent Information

7. Name and Address of Current Registered Agent

HENDRICK, JAMES T
317 WHITEHEAD STREET
KEY WEST, FL 33040

8. Name and Address of New Registered Agent

Name:
Street Address (Do NOT Use P.O. Box Number):
City, State and Zip Code:

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida 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 resolution duly adopted by its board of directors on _____

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$5.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Signature: X _____ Date: 1/18/83

Type or Print Name of Signing Officer: John D. Kreinces, M.D.
Title: Secretary/Treasurer
Telephone Number: 305/296-8526

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

1984

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED
JUL 12 12 3; PM 1984

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $10 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

152753
KEY WEST MEDICAL ASSOCIATION, INC.
918 SOUTHARD STREET
PO BOX 690
KEY WEST, FL 33041

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address

P.O. Box No.

City

State Zip Code

3. Date Incorporated or Qualified To Do Business In Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
10/21/1947	59-0571962	03/16/1983

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1983

	Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1	LESTER, J.L., JR	P/D	918 SOUTHARD ST	KEY WEST, FL
2	MOORE, HERMAN K	V/D	918 SOUTHARD ST	KEY WEST, FL
3	KREINCES, JOHN D	S/T/D	918 SOUTHARD ST	KEY WEST, FL

Registered Agent Information

7. Name and Address of Current Registered Agent

HENDRICK, JAMES T
317 WHITEHEAD STREET

KEY WEST, FL 33040

8. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on _____

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

COR 620 (1-84)

10 *See signature restrictions under Instructions on reverse side of this form*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Signature	Date
John D. Kreinces	June 25, 1984
Typed Name of Signing Officer: John D. Kreinces	**Title:** Secretary/Treasurer
	Telephone Number

11 *Should you desire a certificate of status check the box below and include an additional $5.00 with your payment*

CERTIFICATE OF STATUS DESIRED ☐
$5 Additional fee required for certificates

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION

ANNUAL REPORT

1985

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $20 Required — Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office

152753 0
KEY WEST MEDICAL ASSOCIATION, INC.
918 SOUTHARD STREET
PO BOX 690
KEY WEST, FL 33041

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. Former Name or Address of Corporation (Principal Office, P.O. Box Number, Agent's Office)

Street Address

P.O. Box No.

City

State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 10/21/1947

4. Federal Employer Identification Number (FEIN): 59-0571962

5. Date of Last Report: 07/12/1984

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1984

	Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State
1	LESTER, J.L., JR	P/D	918 SOUTHARD ST	KEY WEST, FL
2	MOORE, HERMAN K	V/D	918 SOUTHARD ST	KEY WEST, FL
3	KREINCES, JOHN D	S/T/D	918 SOUTHARD ST	KEY WEST, FL
4				
5				
6				

Registered Agent Information

7. Name and Address of Current Registered Agent

HENDRICK, JAMES T
317 WHITEHEAD STREET
KEY WEST, FL 33040

8. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer signing must be listed in Block 6)

Signature	Date
	May 14, 1985
Typed Name of Signing Officer J.L. Lester, Jr., M.D.	**Title** President
	Telephone Number 305/296-2414

11. Should you desire a certificate of status, check this box. CERTIFICATE OF STATUS DESIRED ☐

$5 additional fee required for a Certificate of Status

CHECK HERE

90 DAY NOTICE OF INTENT TO DISSOLVE

CORPORATION

ANNUAL REPORT
1986

FILED
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $20 Required — Make Checks Payable To: *Secretary of State*

1 Name and Address of Corporation Principal Office

152753 D
KEY WEST MEDICAL ASSOCIATION, INC.
918 SOUTHARD STREET
PO BOX 690
KEY WEST, FL 33041

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient
1200 Kennedy Drive
Street Address 21
P.O. Box 1639
P.O. Box No. 22
Key West, FL
City and State 23
33041
Zip Code 24

3 Date Incorporated or Qualified To Do Business in Florida: 10/21/1947

4 Federal Employer Identification Number (FEIN): 59-0571962

5 Date of Last Report: 05/21/1985

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1985

Names of Officers and Directors	Title 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4 5
LESTER, J.L., JR	P/D	918 SOUTHARD ST 1200 Kennedy Drive	KEY WEST, FL
MOORE, HERMAN K	V/D	918 SOUTHARD ST 1200 Kennedy Drive	KEY WEST, FL
KREINCES, JOHN D	S/T/D	918 SOUTHARD ST 1200 Kennedy Drive	KEY WEST, FL

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

HENDRICK, JAMES T
317 WHITEHEAD STREET
KEY WEST, FL 33040

8 Name and Address of New Registered Agent

Name 81

Street Address (Do NOT Use P.O. Box Number) 82

City and State 83: FL.

Zip Code 84

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE: _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10 *See signature restrictions under instructions on reverse side of this form.*

I (Each) That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.
And/Or I Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer signing must be listed in Block 6)

Signature: J.L. Lester Jr. M.D.

Date: July 31, 1986

Typed Name of Person Signing: J.L. Lester, Jr., M.D.

Title: President

Telephone Number: 305/296-2414

11 If you desire a Certificate of Status check the box: CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status

CR2E034 (1-86)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION

ANNUAL REPORT
1987

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

87 JUN -4 PM 9:40

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $25 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

152753 D
KEY WEST MEDICAL ASSOCIATION, INC.
1200 KENNEDY DR.
P O BOX 1639
KEY WEST, FL 33041

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 10/21/1947

4. Federal Employer Identification Number (FEIN): 59-0571962

5. Date of Last Report: 08/12/1986

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1986

Names of Officers and Directors 1	Title 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4 5
LESTER, J.L., JR	P/D	1200 KENNEDY DR.	KEY WEST, FL
MOORE, HERMAN K	V/D	1200 KENNEDY DR.	KEY WEST, FL
KREINCES, JOHN D	S/T/D	1200 KENNEDY DR.	KEY WEST, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

HENDRICK, JAMES T
317 WHITEHEAD STREET
KEY WEST, FL 33040

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. (Officer signing must be listed in Block 6).

Signature: [signature]

Date: 4/9/87

Typed Name of Signing Officer: J. L. LESTER, JR., M.D.

Title: President

Telephone Number: (305) 296-2414

11. Should you desire a certificate of status check this box

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status

CR2E034 (1/86)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1988

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

DO NOT WRITE IN THIS SPACE

Filing Fee of $25 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

152753
KEY WEST MEDICAL ASSOCIATION, INC.
1200 KENNEDY DR.
P O BOX 1639
KEY WEST, FL 33041

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 10/21/1947

4. Federal Employer Identification Number (FEIN): 59-0571962

5. Date of Last Report: 06/04/1987

6. Names and Street Addresses of Each Officer and Director as of December 31, 1987

Names of Officers and Directors 1	Title 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4 5
LESTER, J.L., JR	P/D	1200 KENNEDY DR.	KEY WEST, FL
MOORE, HERMAN K	V/D	1200 KENNEDY DR.	KEY WEST, FL
KREINCES, JOHN D	S/T/D	1200 KENNEDY DR.	KEY WEST, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

HENDRICK, JAMES T
317 WHITEHEAD STREET
KEY WEST, FL 33040

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: _____
I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. If a foreign corporation, date first transacted business in Florida _____

See signature restrictions under instructions on reverse side of this form.
I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
Officer/Director signing must be listed in Block 6.)

Signature: J.L. Lester

Date: 03/16/88

Typed Name of Signing Officer or Director: J.L. Lester, Jr., M.D.

Title: President

Telephone Number: 305/294-4693

12. Would you desire a certificate of status (check the box)

CERTIFICATE OF STATUS DESIRED X

$5 Additional Fee Required for a Certificate

CR2E004 (1-88)

FILE NOW, OR THIS CORPORATION WILL BE DISSOLVED OCTOBER 11, 1989

APPROVED

CORPORATION

ANNUAL REPORT

1989

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

DO NOT WRITE IN THIS SPACE

1989 AUG 23 AM 11:20

FLORIDA DEPARTMENT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office.

152753 0
KEY WEST MEDICAL ASSOCIATION, INC.
1200 KENNEDY DR.
P O BOX 1639
KEY WEST, FL 33041-1639

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 10/21/1947

4. Federal Employer Identification Number (FEIN): 59-0571962

5. Date of Last Report: 03/24/1988

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1988

Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4 5
P/D	LESTER, J.L., JR	1200 KENNEDY DR.	KEY WEST, FL
V/D	MOORE, HERMAN K	1200 KENNEDY DR.	KEY WEST, FL
S/T/D	KREINCES, JOHN D	1200 KENNEDY DR.	KEY WEST, FL
Dir.	Calleja, John	1200 Kennedy Dr.	Key West, FL
Dir.	Greenwood, William	1200 Kennedy Dr.	Key West, FL
Dir.	Lockwood, Robin	1200 Kennedy Dr.	Key West, FL
Dir.	Sanchez, Roberto	1200 Kennedy Dr.	Key West, FL
Dir.	Sanchez, Jose	1200 Kennedy Dr.	Key WEst, FL
Dir.	Scarlet, Joseph	1200 Kennedy Dr.	Key West, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

HENDRICK, JAMES T
317 WHITEHEAD STREET
KEY WEST, FL 33040

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL.

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. If a foreign corporation, date first transacted business in Florida _____

11. See signature restrictions under instructions on reverse side of this form.
I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath
(Officer or Director signing must be listed in Block 6?)

Signature: [signature]

Date: 7-31-89

Typed Name of Signing Officer or Director: ROBERTO SANCHEZ

Title: DIRECTOR

Telephone Number: (305) 294-4643

12. Should you desire a certificate of status check the box: CERTIFICATE OF STATUS DESIRED ☒

CR2EC04 (1/88)

APPLICATION
FOR
REINSTATEMENT
1990

FILED
90 DEC 10 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

Name and Address of Corporation

152753

P90051447
KEY WEST MEDICAL ASSOCIATION, INC.
1200 KENNEDY DR.
P O BOX 1639
KEY WEST, FL 33041

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address
Address — 12/31/90—00047—010
REINSTATEMENT
City and State — REINSTATEMENT———***175.00
ANNUAL REPORT———****61.25
Zip Code — TOTAL———***236.25

3. State Incorporated or Qualified to Do Business in Florida: 10/21/1947

4. FEI Number: 59-0571962

FEI Number Applied For
FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and Director

Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT use Post Office Box Numbers)	4 City and State
P/D	LESTER, J.L., JR	1200 KENNEDY DR.	KEY WEST, FL
V/D	MOORE, HERMAN K	1200 KENNEDY DR.	KEY WEST, FL
S/T/D	KREINCES, JOHN D	1200 KENNEDY DR.	KEY WEST, FL
D	CALLEJA, JOHN	1200 KENNEDY DR.	KEY WEST, FL
D	GREENWOOD, WILLIAM	1200 KENNEDY DR	KEY WEST, FL
D	LOCKWOOD, ROBIN	1200 KENNEDY DR.	KEY WEST, FL

REGISTERED AGENT INFORMATION

6. Name and Address of Registered Agent

HENDRICK, JAMES T
317 WHITEHEAD STREET
KEY WEST, FL 33040

7. Name and Address of New Registered Agent

Name: LT 12-28

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State: FL

Zip Code

I hereby accept the appointment as registered agent of the above named corporation. I am familiar with and accept the obligations of section 607.0505, F.S.

Signature of Registered Agent

Date 12-5-90

REGISTERED AGENT MUST SIGN

I certify that I am an officer or director of the corporation or trustee empowered to execute this application as provided for in chapter 607, F.S. I further certify that when there is a dissolution pursuant to the reason for dissolution has been eliminated, the certificate herein satisfies the requirements of section 607.0401, F.S., and that all fees owed by the corporation to the Department are paid. The facts stated on this application are true and accurate and my signature shall have the same legal effects as if made under oath.

Signature of Officer or Director

Date 12/5/90 Phone 305-296-2414

Typed or printed name of signing officer or director: J.L. Lester Jr.,M.D.

$8.75 Additional Fee required for a Certificate of Status

FILE NOW: CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1991

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

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

Read Instructions on Other Side Before Making Entries

FILING FEE OF $61.25 REQUIRED

DO NOT WRITE IN THIS SPACE.

1. Name and Mailing Address of Corporation

DOCUMENT # 152753 (0)

ZIP + 4 PRESORT

KEY WEST MEDICAL ASSOCIATION, INC.
1200 KENNEDY DR.
P O BOX 1639
KEY WEST, FL 33041-1639

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address

22 P.O. Box No.

23 City and State

24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 10/21/1947

4. FEI Number: 59-0571962

FEI Number Applied For

FEI Number Not Applicable

5. $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
P/D	LESTER, J.L., JR	1200 KENNEDY DR.	KEY WEST, FL
V/D	MOORE, HERMAN K	1200 KENNEDY DR.	KEY WEST, FL
S/T/D	KREINCES, JOHN D	1200 KENNEDY DR.	KEY WEST, FL
D	CALLEJA, JOHN	1200 KENNEDY DR.	KEY WEST, FL
D	GREENWOOD, WILLIAM	1200 KENNEDY DR	KEY WEST, FL
D	LOCKWOOD, ROBIN	1200 KENNEDY DR.	KEY WEST, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

HENDRICK, JAMES T
317 WHITEHEAD STREET
KEY WEST, FL 33040

8. Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City FL. 85 Zip Code

9. 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 _____ DATE _____
(Registered Agent Accepting Appointment)

10. I 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; I further certify 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 1 or on an attachment with an address.

SIGNATURE X _____ DATE _____

Typed Name of Signing Officer or Director _____ Title _____ Telephone Number Daytime ( )

FILING FEE OF $61.25 REQUIRED—Make Checks Payable To: Secretary of State $8.75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1992

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

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

Read Instructions on Other Side Before Making Entries

FILING FEE $61.25 Make Payable To: *Secretary of State*

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: DOCUMENT # 152753 (0)

PROBATE

KEY WEST MEDICAL ASSOCIATION, INC.
1200 KENNEDY DR.
P O BOX 1639
KEY WEST FL 33040-4023

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment

21 Mailing Address

22 P.O. Box No.

23 City and State | 24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 10/21/1947

3a. Date of Last Report: 07/16/1991

4. FEI Number: 59-0571962

FEI Number Applied For ☐

FEI Number Not Applicable ☐

5. $8.75 Additional Copies ☐

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

	Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director 3 (Do NOT Use Post Office Box Numbers)	City and State 4
1 / 1x	P/D	LESTER, J.L., JR	1200 KENNEDY DR.	KEY WEST, FL
2 / 2x	V/D	MOORE, HERMAN K	1200 KENNEDY DR.	KEY WEST, FL
3 / 3x	S/T/D	KREINCES, JOHN D	1200 KENNEDY DR.	KEY WEST, FL
4 / 4x	D	CALLEJA, JOHN	1200 KENNEDY DR.	KEY WEST, FL
5 / 5x	D	GREENWOOD, WILLIAM	1200 KENNEDY DR	KEY WEST, FL
6	D	LOCKWOOD, ROBIN	1200 KENNEDY DR.	KEY WEST, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

HENDRICK, JAMES T
317 WHITEHEAD STREET
KEY WEST, FL 33040

8. Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City FL. | 85 Zip Code

9. 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, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes ☒ No ☐ (See other side for information on intangible tax.)

11. I 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; I further certify 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 6 or an attachment with an address.

SIGNATURE Herman K. Moore DATE

Name and Address of Person Signing | Title | Telephone Number & Extension ( )

12. If you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional $5.00 to the filing fee. ☐

CR2E011 (11/91)

File Now. Filing Fee after May 1 is $225.00

CORPORATION ANNUAL REPORT 1993

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

DOCUMENT # 152753 (0)

1. Name and Mailing Address of Corporation

PROFESSIONAL
KEY WEST MEDICAL ASSOCIATION, INC.
1200 KENNEDY DR.
P O BOX 1639
KEY WEST FL 33040-4023

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

DO NOT WRITE IN THIS SPACE

FILING FEE $200.00	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date Incorporated or Qualified: 10/21/1947
3a. Date of Last Report: 08/07/1992
4. FEI Number: 590571962
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 ☐ $138.75 Supplemental Fee Not Required
8. This corporation has elected to be governed by the provisions of Florida Statutes ☒ Yes ☐ No

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
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 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1008 or Sections 617.0502 and 617.1008, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS	13. OFFICERS AND DIRECTORS CHANGES
P/D LESTER, J.L., JR 1200 KENNEDY DR. KEY WEST FL	1.1 TITLE 1.2 NAME 1.3 ADDRESS 1.4 CITY, ST, ZIP
V/D MOORE, HERMAN K 1200 KENNEDY DR. KEY WEST FL	2.1 TITLE 2.2 NAME 2.3 ADDRESS 2.4 CITY, ST, ZIP
S/T/D KREINCES, JOHN D 1200 KENNEDY DR. KEY WEST FL	3.1 TITLE 3.2 NAME 3.3 ADDRESS 3.4 CITY, ST, ZIP
D CALLEJA, JOHN 1200 KENNEDY DR. KEY WEST FL	4.1 TITLE 4.2 NAME 4.3 ADDRESS 4.4 CITY, ST, ZIP
D GREENWOOD, WILLIAM 1200 KENNEDY DR KEY WEST FL	5.1 TITLE 5.2 NAME 5.3 ADDRESS 5.4 CITY, ST, ZIP
D LOCKWOOD, ROBIN 1200 KENNEDY DR. KEY WEST FL	6.1 TITLE 6.2 NAME 6.3 ADDRESS 6.4 CITY, ST, ZIP

14

SIGNATURE J Calleja DATE 4/21/93

John Calleja Director (305) 294-553

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED
94 MAY -1 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1

CORPORATION ANNUAL REPORT
1994

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

1. Corporation Name
KEY WEST MEDICAL ASSOCIATION, INC.

DOCUMENT # 152753 (0)

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

Principal Place of Business
1200 KENNEDY DR.
P O BOX 1639
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

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 [redacted] ☐

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit Exempt from $136.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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: _____ DATE _____
Registered Agent Accepting Appointment (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS	13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE P/D 12 NAME LESTER, J.L., JR 13 STREET ADDRESS 1200 KENNEDY DR. 14 CITY-ST-ZIP KEY WEST FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
21 TITLE V/D 22 NAME MOORE, HERMAN K 23 STREET ADDRESS 1200 KENNEDY DR. 24 CITY-ST-ZIP KEY WEST FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
31 TITLE S/T/D 32 NAME KREINCES, JOHN D 33 STREET ADDRESS 1200 KENNEDY DR. 34 CITY-ST-ZIP KEY WEST FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
41 TITLE D 42 NAME CALLEJA, JOHN 43 STREET ADDRESS 1200 KENNEDY DR. 44 CITY-ST-ZIP KEY WEST FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
51 TITLE D 52 NAME GREENWOOD, WILLIAM 53 STREET ADDRESS 1200 KENNEDY DR 54 CITY-ST-ZIP KEY WEST FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
61 TITLE D 62 NAME LOCKWOOD, ROBIN 63 STREET ADDRESS 1200 KENNEDY DR. 64 CITY-ST-ZIP KEY WEST FL	61 TITLE 62 NAME 63 STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual 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 have satisfied all obligations concerning unclaimed property received by Chapter 717, Florida Statutes; 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 X in Block 14.

SIGNATURE: X Roberto Sanchez 4/14/94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

May 2, 1994

KEY WEST MEDICAL ASSOCIATION, INC.
1200 KENNEDY DR.
P O BOX 1639
KEY WEST, FL 33041

SUBJECT: KEY WEST MEDICAL ASSOCIATION, INC.
Ref. Number: 152753

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

The person that signed the annual report is not listed as an officer/director of the corporation. The person signing must be listed as an officer/director in block 12, block 13 or on an attachment with a street address.

NOTE: YOU HAVE 30 DAYS FROM THE DATE OF THIS LETTER TO MAKE THE CORRECTIONS AND RETURN THE DOCUMENT AND NOT HAVE TO PAY THE LATE FEE OF $25.00.

PLEASE RETURN A COPY OF THIS LETTER WITH THE CORRECTED DOCUMENT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Cindy Bryant
Annual Report Section

Letter number: 794A00020009

Key West Medical Association
Roberto Sanchez
Director
1790 Bay Dr.
Miami Beach, FL 33141

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 31, 1994.
AMOUNT DUE OR BE BEFORE 8/31/94: $325 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $700

CORPORATION ANNUAL REPORT
1994

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

Principle Place of Business
1200 KENNEDY DR.
P O BOX 1639
KEY WEST FL 33041

If above addresses are incorrect in any way, line through incorrect information and enter correct info below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 10/21/1947
3a. Date of Last Report: 04/29/1993
4. FEI Number: 59-0571962
Amount Rec'd
Not Applicable
5. Certificate of Status Desired: $8.75
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. The corporation has elected for exemption tax under S. [illegible] Florida Statutes: Yes No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing.

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS (Please)	
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 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 hereof, or on an attachment with an address.

SIGNATURE: X [signature] J.L. Lester, Jr. 8/2/94 (305)293-9317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPLICATION FOR REFUND OF MONEYS TO THE STATE OF FLORIDA

152753

Pursuant to the provisions of Section 215.26, Florida Statutes, I hereby apply for a refund and request that a State Warrant be drawn in favor of:

Name: KEY WEST MEDICAL ASSOCIATION, INC.

Address: 1200 KENNEDY DR, P.O. BOX 1639

KEY WEST, FL 33041

Amount: $163.75

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

Reason for Claim:

Overpayment of filing fees - 152753

Section: A/R Clerk: S.Toner Date Processed: 11-09-94

CERTIFIED TRUE AND CORRECT this 16 day of March, 1995.

Signature

Lancelot Lester, President

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection: _____

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim.
The amount recommended $ 163.75.

The amount requested above was originally deposited into the State Treasury. State Treasurer's Receipt # 97739/037, Dated 08-23-94.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

4	5	2	0	2	1	3	0	0	0	1	4	5	3	0	0	0	0	0	0	0	0	0	0	1	0	0	0

Statutory Authority for Collection 607.36
It is requested that payment be made from:
NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

4	5	2	0	2	1	3	0	0	0	1	4	5	3	0	0	0	0	0	0	0	2	2	0	0	0	0	0

Certified True and Correct this 30th day of March, 1995.

Dept. of State, Div. of Corporations
Agency

Authorized Signature and Title

Section 215.26 states, in part: "Application for refund as provided by this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is interpreted as meaning three years from the date of payment into the State Treasury.

CR2E060 (12-87)

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

APPROVED AND FILED

95 APR 19 AM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 152753 (0)

1. Corporate 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1947

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21

2a. Mailing Address
28

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
26

Zip
24

Country
25

Zip
29

Country
30

4. FEI Number: 59-0571962

Approved For

Not Approved

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 was liable for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

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 required if 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
TITLE: PD NAME: LESTER, J L JR STREET ADDRESS: 1200 KENNEDY DR. CITY-ST-ZIP: KEY WEST FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: VD NAME: MOORE, HERMAN K STREET ADDRESS: 1200 KENNEDY DR. CITY-ST-ZIP: KEY WEST FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: STD NAME: KREINCES, JOHN D STREET ADDRESS: 1200 KENNEDY DR. CITY-ST-ZIP: KEY WEST FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: D NAME: CALLEJA, JOHN STREET ADDRESS: 1200 KENNEDY DR. CITY-ST-ZIP: KEY WEST FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: D NAME: GREENWOOD, WILLIAM STREET ADDRESS: 1200 KENNEDY DR CITY-ST-ZIP: KEY WEST FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: D NAME: LOCKWOOD, ROBIN STREET ADDRESS: 1200 KENNEDY DR. CITY-ST-ZIP: KEY WEST FL	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 is voluntarily furnished and 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 below authorizes the same. Attach additional pages if necessary.

SIGNATURE: X J.L. Lester, Pres 4/12/95

SIGNATURE AND TITLE OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR