SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.
AMOUNT DUE ON OR BEFORE 8/19/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 AUG 19 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **585170** **(4)**

1. Corporation Name
FLORIDA KEYS MEDICAL CENTER, INC.

Mailing Address
1200 KENNEDY DR.
P O BOX L1639
KEY WEST FL 33040-4023

Principal Place of Business
1200 KENNEDY DR.
P O BOX L1639
KEY WEST FL 33040-4023

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	2a. Principal Place of Business 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **08/31/1978**
3a. Date of Last Report: **04/29/1993**
4. FEI Number: **59-1916193** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: **$8.75 Additional Fee Required** ☐
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HENDRICK, JAMES T. 317 WHITEHEAD ST. KEY WEST, FL. 33040	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 (NEW Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS
11 TITLE	P/D	
12 NAME	LESTER, J.L. JR. (M.D)	
13 STREET ADDRESS	1200 KENNEDY DR.	
14 CITY-ST-ZIP	KEY WEST FL	
21 TITLE	V/D	
22 NAME	MOORE, HERMAN K	
23 STREET ADDRESS	1200 KENNEDY DR.	
24 CITY-ST-ZIP	KEY WEST FL	
31 TITLE	S/T/D	
32 NAME	KREINCES, JOHN	
33 STREET ADDRESS	1200 KENNEDY DR.	
34 CITY-ST-ZIP	KEY WEST FL	
41 TITLE	D	
42 NAME	GREENWOOD, WILLIAM	
43 STREET ADDRESS	1200 KENNEDY DR.	
44 CITY-ST-ZIP	KEY WEST FL	
51 TITLE	D	
52 NAME	CALLEJA, JOHN	
53 STREET ADDRESS	1200 KENNEDY DR.	
54 CITY-ST-ZIP	KEY WEST FL	
61 TITLE	D	
62 NAME	LOCKWOOD, ROBIN	
63 STREET ADDRESS	1200 KENNEDY DR.	
64 CITY-ST-ZIP	KEY WEST FL	

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 if changed, or on an attachment with an address.

SIGNATURE: _____ J.L. Lester, JR. 8/2/94 (305) 292-9817
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Telephone number