

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 585170 (4)**  
1. Corporation Name

**FLORIDA KEYS MEDICAL CENTER, INC.**



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

3. Date Incorporated or Qualified: **08/31/1978**  
3a. Date of Last Report: **04/18/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt #, etc: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 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 ST.  
KEY WEST, FL. FL 33040**

10. Name and Address of New Registered Agent  
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: 85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LESTER, J L JR., MD</b>	1.2 NAME	
STREET ADDRESS	<b>1200 KENNEDY DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY WEST FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, HERMAN K</b>	2.2 NAME	
STREET ADDRESS	<b>1200 KENNEDY DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY WEST FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KREINCES, JOHN</b>	3.2 NAME	
STREET ADDRESS	<b>1200 KENNEDY DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY WEST FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENWOOD, WILLIAM</b>	4.2 NAME	
STREET ADDRESS	<b>1200 KENNEDY DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY WEST FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CALLEJA, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>1200 KENNEDY DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY WEST FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOCKWOOD, ROBIN</b>	6.2 NAME	
STREET ADDRESS	<b>1200 KENNEDY DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY WEST FL</b>	6.4 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rob Greenwood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1496 305 2945103  
Date: \_\_\_\_\_ Original Price: \_\_\_\_\_

CR2E034 (3/96)