

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Sep 03 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 30 Country
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3. Date Incorporated or Qualified 08/31/1978	4. FEI Number 59-1916193	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE VD	MOORE, HERMAN K 1200 KENNEDY DR. KEY WEST FL	1.1 TITLE <i>Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE OTD	KREINCES, JOHN 1200 KENNEDY DR. KEY WEST FL	2.1 TITLE <i>Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	GREENWOOD, WILLIAM 1200 KENNEDY DR. KEY WEST FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	CALLEJA, JOHN 1200 KENNEDY DR. KEY WEST FL	4.1 TITLE <i>VICE PRESIDENT</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	LOCKWOOD, ROBIN 1200 KENNEDY DR. KEY WEST FL	5.1 TITLE <i>PRESIDENT</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ROBERTO SANCHEZ 780 NW LATELUNG Rd SUITE 616 MIAMI FL 33126	6.1 TITLE <i>SECRETARY/TREASURER</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED (305) 498-0222

CR2E034 (5/98)