

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90125 022 ***158.75

DOCUMENT # 585170

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1978

4. FEI Number

59-1916193

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes

No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 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, 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, typed or 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 IN 12

TITLE D
NAME MOORE, HERMAN K
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

TITLE D
NAME KREINCES, JOHN
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

TITLE D
NAME GREENWOOD, WILLIAM
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

TITLE VP
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

TITLE P
NAME LOCKWOOD, ROBIN
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

TITLE ST
NAME SANCHEZ, ROBERTO
STREET ADDRESS 780 NW LEJEUNE RD, SUITE 616
CITY-ST-ZIP MIAMI FL 33126

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-99 (305) 448-0222

CR2E034 (11/98)

0173131