

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 585170

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** FLORIDA KEYS MEDICAL CENTER, INC.

**Current Principal Place of Business:**

1200 KENNEDY DR.  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 414586  
MIAMI BEACH, FL 33141 US

**New Mailing Address:**

**FEI Number:** 59-1916193

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANCHEZ, ROBERTO  
782 NW 42ND AVE SUITE 638  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

SANCHEZ, ROBERTO  
1680 MICHIGAN AVENUE  
SUITE 914  
MIAMI BEACH, FL 33139 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KREINCES, JOHN  
Address: 1200 KENNEDY DR.  
City-St-Zip: KEY WEST, FL 33040

Title: D  
Name: GREENWOOD, WILLIAM  
Address: 1200 KENNEDY DR.  
City-St-Zip: KEY WEST, FL

Title: VP  
Name: CALLEJA, JOHN  
Address: 1200 KENNEDY DR.  
City-St-Zip: KEY WEST, FL

Title: P  
Name: LOCKWOOD, ROBIN  
Address: 1200 KENNEDY DR.  
City-St-Zip: KEY WEST, FL

Title: ST  
Name: SANCHEZ, ROBERTO  
Address: 1680 MICHIGAN AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERTO SANCHEZ

MR

04/10/2012

Electronic Signature of Signing Officer or Director

Date