585170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

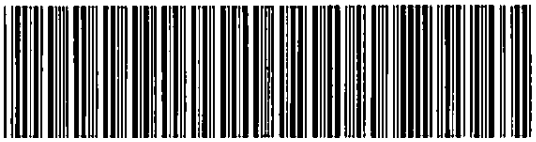
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500444464535

C O R P O R A T I O N F O R P R O F I T

Word Processing: September 6, 1978 By: rr

Updating: 9-11-78 By: RW

A notification letter was mailed to:
James T. Hendrick, Esquire
PO Box 1117
Key West, FL 33040 Addressed to: Mr. Hendrick

Corporation Name: FLORIDA KEYS MEDICAL CENTER, INC.

Filing Date: August 31, 1978

Charter Number: 585170

Capital Stock: 1000 shares @ $1.00

Money acknowledged on letter: $63.00

585170

LAW OFFICES

HARRIS, ALBURY & MORGAN

317 WHITEHEAD STREET
KEY WEST, FLORIDA 33040

HILARY U. ALBURY
HUGH J. MORGAN
JAMES T. HENDRICK

W. CURRY HARRIS
OF COUNSEL

P.O. BOX 1117
TELEPHONE 296-6676

August 25, 1978

Secretary of State
Corporations Division
Tallahassee, Florida 32304

AUG-30[illegible] 8 + 300 ******
AUG 30[illegible] 7 + 299 ******
AUG 30[illegible] 6 + 298 ******
AUG 30[illegible] 5 + 297 ******

RE: FLORIDA KEYS MEDICAL CENTER, INC.

Gentlemen:

I am enclosing herewith the original and one copy of the Articles of Incorporation for the above named corporation.

Also enclosed is a check upon our special account, payable to the order of the Secretary of State, Corporations Division in the amount of $63.00 representing the following:

State Charter Tax	$30.00
Filing Fee	15.00
Filing of Resident Agent's Certif.	3.00
Certified Copy of Articles	15.00

Please return the Certified Copy to this office.

FILED
AUG 31 4 12 PM '78
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
AUG 31 7 08 AM '78
DEPARTMENT OF STATE
TALLAHASSEE, FLA.

Sincerely,

JAMES T. HENDRICK
For the Firm

JTH:ab
Enclosures

PRIVILEGE TAX
C. TAX 30
FILING 15
C. COPY 15
R. A. FEE 3
P. COPY
SEARCH
TOTAL 63
BALANCE DUE

37510

ARTICLES OF INCORPORATION

of

FLORIDA KEYS MEDICAL CENTER, INC.

585170

FILED

AUG 31 4 18 PM '78

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED SUBSCRIBER TO THESE ARTICLES OF INCORPORATION being a natural person competent to contract, hereby forms this corporation under the laws of the State of Florida.

FIRST: The name of this corporation shall be FLORIDA KEYS MEDICAL CENTER, INC.

SECOND: This corporation may engage in any activity or business permitted under the laws of the United States and under the State of Florida, and this corporation is authorized to conduct all such activities and business in the corporate name.

THIRD: The maximum shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares of common stock, each having a par value of One Dollar ($1.00) per share.

FOURTH: The name and address of the undersigned subscriber to these Articles of Incorporation, and, the amount of shares subscribed is as follows:

NAME	ADDRESS	SHARES SUBSCRIBED	PAR VALUE
J. L. Lester, Jr., M. D.	918 Southard St. Key West, Florida	100	$1.00 per share

FIFTH: The above named subscriber, address as indicated, shall be the director of this corporation until his successor is elected. This corporation shall not have less than one (1) nor more than five (5) directors.

SIXTH: The street address of the initial registered office of this corporation is 317 Whitehead Street, Key West, Florida 33040, and the name of its initial Registered Agent at such address is JAMES T. HENDRICK.

SEVENTH: The duration of the corporation is perpetual.

IN WITNESS WHEREOF, the undersigned has hereunto subscribed to these Articles of Incorporation this 24th day of August, 1978.

J. L. LESTER, JR., M. D.

STATE OF FLORIDA)
) ss
COUNTY OF MONROE)

BEFORE ME, the undersigned authority, personally appeared

J. L. LESTER, JR., M. D., to me well known to be the person described in and who executed the foregoing Articles of Incorporation of FLORIDA KEYS MEDICAL CENTER, INC., and he acknowledged to and before me that he signed the same freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal at Key West, said County and State, this 24th day of August, 1978.

Brenda H. Williams
Notary Public, State of Florida at Large

My Commission Expires: Notary Public, State of Florida at Large My Commission Expires Nov. 17, 1979 Bonded by American Fire & Casualty Co.

(SEAL)

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to Chapter 46.091, Florida Statutes, the following is submitted, in compliance with said Act:

FIRST: That FLORIDA KEYS MEDICAL CENTER, INC., desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation, at City of Key West, County of Monroe, State of Florida, has named JAMES T. HENDRICK, whose address is 317 Whitehead Street, City of Key West, County of Monroe, State of Florida, as its Agent to accept service of process within this State.

J. L. LESTER, JR., M. D.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I HEREBY ACCEPT to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

By
JAMES T. HENDRICK
Resident Agent

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS $10.

CORPORATION ANNUAL REPORT

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1979

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

DO NOT WRITE IN THIS SPACE

APPROVED
AND
FILED

JUN 29 11 24 AM 1979

FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

◄ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ►

1. Name and Address of Corporation Principal Office:

585170
FLORIDA KEYS MEDICAL CENTER, INC.
317 WHITEHEAD ST.
KEY WEST, FL. 33040

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State | Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 8/31/1978

4. Federal Employer Identification Number (FEIN): Applied For

5. Date of Last Report

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
LESTER, J.L. JR. (M.D)	D - P	918 SOUTHARD ST.	KEY WEST, FL.
MOORE, Herman K. (M.D.)	D-VP	918 Southard St.	Key West, Fla.
BENAVIDES, Jaime M. (M.D.)	D-S/T	918 Southard St.	Key West, Fla.

7. Registered Agent Information

Name: HENDRICK, JAMES T.

Street Address (Do NOT Use P.O. Box Number): 317 WHITEHEAD ST.

City, State and Zip Code: KEY WEST, FL. AM 33040

If you wish to change Registered Agent on this form, enter all new information below.

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

8. **See signature restrictions under instructions on reverse side of this form.**

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

DO NOT WRITE IN THIS SPACE

P26-2

Typed Name of Signing Officer: J. L. Lester, Jr., M. D.

Title: President

Telephone Number: 296-2414

Signature:

Date: 5-29-79

NOTE: THE FILING FEE FOR THE 1979 ANNUAL REPORT IS $10.

585170 06-05-79 2 7 650 10.00

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

1980

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

DO NOT WRITE IN THIS SPACE

FILED

JUN 4 6 53 PM '80

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office:

565170
FLORIDA KEYS MEDICAL CENTER, INC.
317 WHITEHEAD ST.
KEY WEST, FL. 33040

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No

City

State | Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 8/31/1978

4. Federal Employer Identification Number (FEIN): 59-1916193

5. Date of Last Report: 1979

6. Names and Street Addresses of Each Officer and Director:

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
LESTER, J.L. JR. (M.D)	P/D	918 SOUTHARD ST.	KEY WEST, FL.
MOORE, HERMAN K	V/D	918 SOUTHARD ST	KEY WEST, FL
BENAVIDES, JAIME M	S/T/D	918 SOUTHARD ST	KEY WEST, FL

7. Registered Agent Information

Name
HENDRICK, JAMES T.

Street Address (Do NOT Use P.O. Box Number)
317 WHITEHEAD ST.

City, State and Zip Code
KEY WEST, FL. AM 33040

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of $3.

DS 6-4-80

8. **See signature restrictions under instructions on reverse side of this form.**

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Typed Name of Signing Officer: J. L. LESTER, JR. | Title: President | Telephone Number: (305) 296-5676

Signature | Date: May 14, 1980

DO NOT WRITE IN THIS SPACE

FILED

FEB 5 8 12 PM '82

SECRETARY OF STATE
TALLAHASSEE, Florida

LETTER & COS Sent

REINSTATEMENT
FILED 2/9/82

INVOLUNTARILY
DISSOLVED 12/16/81

Florida Keys Medical Center, Inc.

REINSTATEMENT 15

CUS
REGISTERED AGENT
72 Privilege Tax
73 Annual Report
74 Annual Report
75 Annual Report
76 Annual Report
77 Annual Report
78 Annual Report
79 Annual Report
80 Annual Report
81 Annual Report 10
82 Annual Report 25
TOTAL
Refund

585170

ARP. 10?

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT **1981**

George Firestone, Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
FEB 9 8 12 PM '82
SECRETARY OF STATE

► READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ◄

1. Name and Address of Corporation's Principal Office:

555170
FLORIDA KEYS MEDICAL CENTER, INC.
317 WHITEHEAD ST.
KEY WEST, FL. 33040

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address: 918 Southard St.
P.O. Box No.:
City: KEY WEST
State: FLA. Zip Code: 33040

3. Date Incorporated or Qualified To Do Business in Florida: 08/31/1978

4. Federal Employer Identification Number (FEIN): 59-01916193

5. Date of Last Report: 06/04/1980

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (DO NOT Use Post Office Box Numbers)	City and State
LESTER, J.L. JR. (M.D)	P/D	918 SOUTHARD ST.	KEY WEST, FL.
MOORE, HERMAN K	V/D	918 SOUTHARD ST	KEY WEST, FL
~~BENAVIDES, JAIME M~~ KREINCES, JOHN	S/T/D	918 SOUTHARD ST	KEY WEST, FL

DOR 2643 2/11/82

DOR 2643 2/11/82

RB 2-16

Registered Agent Information

7. Current Agent

Name: HENDRICK, JAMES T.
Street Address (Do NOT Use P.O. Box Number): 317 WHITEHEAD ST.
City, State and Zip Code: KEY WEST, FL. AW 33040

8. New Agent

Name:
Street Address (Do NOT Use P.O. Box Number):
City, State and Zip Code:

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on

SIGNATURE (Registered Agent Accepting Appointment) DATE

$3.00 additional fee required for Registered Agent changes.

10. *See signature, restrictions and instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Signature: H K Moore MD

Date: 1-28-82

Typed Name of Signing Officer: Herman K. Moore

Title: Vice President

Telephone Number: (305)294-1085

DETACH STUB ONLY IF THERE ARE NO CHANGES TO THIS REPORT

Part 1

(OR 4213-8-81)

George Firestone
SECRETARY OF STATE
ANNUAL REPORT SECTION
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA
32301

First Class Mail
U.S. POSTAGE
Paid One Ounce
Permit No. 68

585170
FLORIDA KEYS MEDICAL CENTER, INC.
317 WHITEHEAD ST.

KEY WEST, FL. 33040

DIVISION OF CORPORATIONS

CERTIFICATE OF INVOLUNTARY DISSOLUTION

December 16,1981

Your corporation having been notified 90 days ago is hereby involuntarily dissolved for failure to file the 1981 annual report as required by Chapter 607.271 Florida statutes. The requirements of Chapter 607.271 having been met, this corporation is hereby involuntarily dissolved. This corporation may be reinstated by filing an annual report, paying the $10 fee for 1981, and a $15 reinstatement fee (TOTAL $25). For further information write: REINSTATEMENTS, DIVISION OF CORPORATIONS, P.O. BOX 6327 TALLAHASSEE, FLORIDA 32301.

GIVEN under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capitol, this the 16th day of December 1981.

George Firestone, Secretary of State

90 DAY NOTICE OF INTENT TO DISSOLVE

CORPORATION ANNUAL REPORT **1982**

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

George Firestone
Secretary of State

APPROVED
AND
FILED
Oct 20 12 51 PM 1982

Read Notice and Instructions on Other Side Before Making Entries.
Filing Fee of $10 Required —Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

585170
FLORIDA KEYS MEDICAL CENTER, INC.
918 SOUTHARD ST.
KEY WEST, FL. 33040

If above address is provided for any mail, attention is given at add here or in item 2, include Zip Code

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address:
P.O. Box No.:
City:
State: Zip Code:

3. Date Incorporated or Qualified To Do Business in Florida: 08/31/1978

4. Federal Employer Identification Number (FEIN): 59-1916193

5. Date of Last Report: 02/09/1982

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
LESTER, J.L. JR. (M.D)	P/D	918 SOUTHARD ST.	KEY WEST, FL.
MOORE, HERMAN K	V/D	918 SOUTHARD ST	KEY WEST, FL
KREINCES, JOHN	S/T/D	918 SOUTHARD ST	KEY WEST, FL

Registered Agent Information

7. Name and Address of Current Registered Agent:

HENDRICK, JAMES T.
317 WHITEHEAD ST.
KEY WEST, FL. AM 33040

8. Name and Address of New Registered Agent:

Name:
Street Address (DO NOT use P.O. Box Number):
City, State and Zip Code:

9. Pursuant to the provisions of Sections 607.014 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors or:

SIGNATURE: _____ DATE: _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Signature	Date
	October 14, 1982
Type or Print Name and Official Capacity: J. L. Lester, Jr.	Title: President/Director
	Telephone Number: 305/296-2414

CR2E 620 (6/82)

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT **1983**

George Firestone
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
MAR 15 11 25 AM 1983
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $10 Required —Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

585170
FLORIDA KEYS MEDICAL CENTER, INC.
918 SOUTHARD ST.
KEY WEST, FL. 33040

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address to Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.

Street Address:

P.O. Box No.: P.O. Box 690

City: Key West

State: Florida Zip Code: 33041-0690

3. Date Incorporated or Qualified To Do Business in Florida: 08/31/1978

4. Federal Employer Identification Number (FEIN): 59-1916193

5. Date of Last Report: 02/09/1982

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
LESTER, J.L. JR. (M.D)	P/D	918 SOUTHARD ST.	KEY WEST, FL.
MOORE, HERMAN K	V/D	918 SOUTHARD ST	KEY WEST, FL
KREINCES, JOHN	S/T/D	918 SOUTHARD ST	KEY WEST, FL

Registered Agent Information

7. Name and Address of Current Registered Agent:

HENDRICK, JAMES T.
317 WHITEHEAD ST.
KEY WEST, FL. AM 33040

8. Name and Address of New Registered Agent:

Name:

Street Address (Do NOT use P.O. Box Number):

City, State and Zip Code:

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: _____

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under Instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Signature: X

Date: 1/18/83

Typed Name of Signing Officer: John D. Kreinces, M.D.

Title: Secretary/Treasurer

Telephone Number: 305/296-8526

CR 607 1/83

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT 1984

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

(DO NOT WRITE IN THIS SPACE)

◄ Read Notice and Instructions on Other Side Before Making Entries ►

Filing Fee of $10 Required — Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office:

585170
FLORIDA KEYS MEDICAL CENTER, INC.
918 SOUTHHARD ST
PO BOX 690
KEY WEST, FL 33041

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address:
P.O. Box No.:
City:
State: Zip Code:

3. Date Incorporated or Qualified To Do Business in Florida: 08/31/1978

4. Federal Employer Identification Number (FEIN): 59-1916193

5. Date of Last Report: 03/15/1983

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1983

	Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1	LESTER, J.L. JR. (M.D)	P/D	918 SOUTHARD ST.	KEY WEST, FL.
2	MOORE, HERMAN K	V/D	918 SOUTHARD ST	KEY WEST, FL
3	KREINCES, JOHN	S/T/D	918 SOUTHARD ST	KEY WEST, FL

Registered Agent Information

7. Name and Address of Current Registered Agent:

HENDRICK, JAMES T.
317 WHITEHEAD ST.
KEY WEST, FL. AM 33040

8. Name and Address of New Registered Agent:

Name:
Street Address (Do NOT Use P.O. Box Number):
City, State and Zip Code:

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on _____

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Signature X: [signature]
Date: June 26, 1984
Typed Name of Signing Officer: J.L. Lester Jr., M.D.
Title: President
Telephone Number:

11. *Should you desire a certificate of status check the box below and include an additional $5.00 with your payment.*

CERTIFICATE OF STATUS DESIRED ☐
$5 Additional fee required for certificates

COR 6201 (1/84)

DUE DATE ON OR AFTER JANUARY 1 [illegible]

CORPORATION

ANNUAL REPORT

1985

Secretary of State

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $20 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation

585170 4
FLORIDA KEYS MEDICAL CENTER, INC.
918 SOUTHHARD ST
PO BOX 690
KEY WEST, FL 33041

If above address is incorrect or any info, enter the correct address in item 2. Include Zip Code.

2. Street Address

P.O. Box No.

City

State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 08/31/1978

4. Federal Employer Identification Number (FEI): 59-1916193

5. Date of Last Report: 07/13/1984

6. Names and Street Addresses of Each Officer and Director, as of October 31, 1984

	Names of Officers and Directors	Title	Street Address of Each Officer and Director (DO NOT Use Post Office Box Numbers)	City and State
1	LESTER, J.L. JR. (M.D)	P/D	918 SOUTHARD ST.	KEY WEST, FL.
2	MOORE, HERMAN K	V/D	918 SOUTHARD ST	KEY WEST, FL
3	KREINCES, JOHN	S/T/D	918 SOUTHARD ST	KEY WEST, FL
4				
5				
6				

Registered Agent Information

7. Name and Address of Current Registered Agent

HENDRICK, JAMES T.
317 WHITEHEAD ST.
KEY WEST, FL. AW 33040

8. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer signing must be listed in Block 6).

Signature

Date: May 14, 1985

Typed Name of Signing Officer: J.L. Lester, Jr., M.D.

Title: President

Telephone Number: 305/296-2414

11. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS ☐

$5 additional fee required for a Certificate of Status

90 DAY NOTICE OF INTENT TO DISSOLVE

CORPORATION

ANNUAL REPORT

1986

DEPARTMENT OF STATE
State of Florida
Secretary of State
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $20 Required — Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office

565170
FLORIDA KEYS MEDICAL CENTER, INC.
918 SOUTHARD ST
PO BOX 690
KEY WEST, FL 33041

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.
1200 Kennedy Drive
Street Address 21
P.O. Box 1639
P.O. Box No. 22
Key West, FL
City and State 23
33041
Zip Code 24

3. Date Incorporated or Qualified to Do Business in Florida: 08/31/1978

4. Federal Employer Identification Number (FEIN): 59-1916193

5. Date of Last Report: 05/21/1985

6. Names and Street Addresses of Each Officer and Director as of December 31, 1985

1 Names of Officers and Directors	2 Title	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State 5
LESTER, J.L. JR. (M.D)	P/D	918 SOUTHARD ST. 1200 Kennedy Drive	KEY WEST, FL.
MOORE, HERMAN K	V/D	918 SOUTHARD ST 1200 Kennedy Drive	KEY WEST, FL.
KREINCES, JOHN	S/T/D	918 SOUTHARD ST 1200 Kennedy Drive	KEY WEST, FL.

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

HENDRICK, JAMES T.
317 WHITEHEAD ST.
KEY WEST, FL. AW 33040

8. Name and Address of New Registered Agent

Name 81

Street Address (Do NOT Use P.O. Box Number) 82

City and State 83: FL.

Zip Code 84

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form.*
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer signing must be listed in Block 6).

Signature: [signature]

Date: July 31, 1986

Typed Name of Signing Officer: J.L. Lester, Jr., M.D.

Title: President

Telephone Number: 305/296-2414

11. Should you desire a Certificate of Status check the box.

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status

CR3E004 (1-86)

585170

LAW OFFICES
MORGAN & HENDRICK
317 WHITEHEAD STREET
KEY WEST, FLORIDA

HUGH J. MORGAN
JAMES T. HENDRICK
ERIC McCARTHY
JUNE RICE
W. CURRY HARRIS
HILARY U. ALBURY
RETIRED

MAILING ADDRESS
P. O. BOX 47
KEY WEST, FLORIDA 33041
AREA CODE 305
296-5676
296-7566

03/13/87 00063 023
DOMESTIC AMENDMENTS
CERT/PHOTO COPY 15.00
AMENDMENT 15.00
TOTAL 30.00

March 10, 1987

Corporate Records Bureau
Division of Corporations
Department of State
P. O. Box 6327
Tallahassee, Florida 32301

Re: FLORIDA KEYS MEDICAL CENTER, INC.

Gentlemen:

I am enclosing herewith original and one copy of Articles of Amendment to Articles of Incorporation for the above-named corporation.

Also enclosed is check payable to the Secretary of State in the amount of $30.00 to cover the $15.00 filing fee and $15.00 for a certified copy. Please return the certified copy to this office.

Sincerely,

JAMES T. HENDRICK
For the Firm

JTH/brb
Enclosures

3-16-87
Certified

ARTICLES OF AMENDMENT to
ARTICLES OF INCORPORATION

FLORIDA KEYS MEDICAL CENTER, INC.

PURSUANT to the provisions of Chapter 607, Florida Statutes, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation, filed August 31, 1978, and assigned Charter Number 585170.

FIRST: The name of the corporation is Florida Keys Medical Center, Inc.

SECOND: The following Amendment of the Articles of Incorporation was adopted by the Corporation:

The third paragraph shall be amended to read: The maximum shares of stock that this corporation is authorized to have outstanding at any time is one thousand (1,000). The Corporation is authorized to issue ten (10) shares of preferred and nine-hundred ninety (990) shares of common stock, each having a par value of $1.00 per share and each having equal voting rights. The preferred stock shall enjoy a ten percent (10%) preferred annual return on investment, paid quarterly as an advance against dividends. The Preferred Shares are convertible at the election of the Corporation, at any time after three (3) years from the date of issuance, from Preferred to Common stock (on a one to one ratio). Notice of such Election to Convert shall be given the shareholder in writing, no less than thirty (30) days prior to the proposed date of conversion. Within ten (10) days after receipt of such notice, the shareholder may elect to sell his share(s) back to the corporation for the original purchase price, in lieu of conversion.

THIRD: The Amendment was adopted by the Board of Directors on the 23rd day of February, 1987.

FOURTH: The amendment was approved by a majority of the members of the Corporation on the 23rd day of February, 1987.

FLORIDA KEYS MEDICAL CENTER, INC.

By _____
President

ATTEST: _____
Secretary

FLORIDA KEYS MEDICAL CENTER, INC.
SEAL

STATE OF FLORIDA,

ss:

COUNTY OF MONROE.

BEFORE ME, the undersigned authority, personally appeared J. L. LESTER, JR. and JOHN KREINCES, President and Secretary, respectively of FLORIDA KEYS MEDICAL CENTER, INC., to me well known to be the persons described in and who executed the foregoing Articles of Amendment to Articles of Incorporation of Florida Keys Medical Center, Inc., and severally acknowledged the execution thereof to be their free act and deed as such officers, for the uses and purposes therein mentioned; and that they affixed thereto the official seal of said corporation, and the said instrument is the act and deed of said corporation.

WITNESS my signature and official seal at Key West, said County and State, this 11th day of March, 1987.

(SEAL)

Barbara L. Brown
Notary Public, State of Florida

My Commission expires: 1-29-88

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION

ANNUAL REPORT
1987

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

87 JUN -4 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $25 Required – Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

585170
FLORIDA KEYS MEDICAL CENTER, INC.
1200 KENNEDY DR.
P O BOX L1639
KEY WEST, FL 33041

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 08/31/1978

4. Federal Employer Identification Number (FEIN): 59-1916193

5. Date of Last Report: 08/12/1986

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1986

Names of Officers and Directors 1	Title 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
LESTER, J.L. JR. (M.D)	P/D	1200 KENNEDY DR.	KEY WEST, FL
MOORE, HERMAN K	V/D	1200 KENNEDY DR.	KEY WEST, FL
KREINCES, JOHN	S/T/D	1200 KENNEDY DR.	KEY WEST, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

HENDRICK, JAMES T.
317 WHITEHEAD ST.
KEY WEST, FL. AW 33040

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL.

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath
(Officer signing must be listed in Block 6)

Signature: [signature]

Date: 6/9/87

Typed Name of Signing Officer: J. L. LESTER, JR., M.D.

Title: President

Telephone Number: (305) 296-2414

11. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status

CR2EC004 (11/86)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1988

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

DO NOT WRITE IN THIS SPACE

Filing Fee of $25 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

585170
FLORIDA KEYS MEDICAL CENTER, INC.
1200 KENNEDY DR.
P O BOX L1639
KEY WEST, FL 33041

If above address is incorrect in any way, enter the correct address at Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified to Do Business in Florida: 08/31/1978

4. Federal Employer Identification Number (FEIN): 59-1916193

5. Date of Last Report: 06/04/1987

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1987

Names of Officers and Directors	Title 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
LESTER, J.L. JR. (M.D)	P/D	1200 KENNEDY DR.	KEY WEST, FL.
MOORE, HERMAN K	V/D	1200 KENNEDY DR.	KEY WEST, FL
KREINCRS, JOHN	S/T/D	1200 KENNEDY DR.	KEY WEST, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

HENDRICK, JAMES T.
317 WHITEHEAD ST.
KEY WEST, FL. AW 33040

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

FL

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on:

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. If a foreign corporation, date first transacted business in Florida

11.

See signature restrictions under instructions on reverse side of this form.

I (Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath;
(Officer or Director signing must be listed in Block 6.)

Signature: [signature]

Date: 03/16/88

Typed Name of Signing Officer or Director: J.L. Lester, Jr., M.D.

Title: President

Telephone Number: 305/294-4693

12. Should you desire a certificate of status, please check here

CERTIFICATE OF STATUS DESIRED

$5 Additional Fee Required for a Certificate of Status

CR2E(CO)4 11/86

FILE NOW, OR THIS CORPORATION WILL BE DISSOLVED OCTOBER 11, 1989.

CORPORATION

ANNUAL REPORT

1989

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

1989 AUG 23 AM 11:20

CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

585170 4
FLORIDA KEYS MEDICAL CENTER, INC.
1200 KENNEDY DR.
P O BOX L1639
KEY WEST, FL 33041

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 08/31/1978

4. Federal Employer Identification Number (FEI#): 59-1916193

5. Date of Last Report: 03/24/1988

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1988

Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
P/D	LESTER, J.L. JR. (M.D)	1200 KENNEDY DR.	KEY WEST, FL.
V/D	MOORE, HERMAN K	1200 KENNEDY DR.	KEY WEST, FL
S/T/D	KREINCES, JOHN	1200 KENNEDY DR.	KEY WEST, FL
Dir.	Calleja, John	1200 Kennedy Dr.	Key West, FL
Dir.	Greenwood, William	1200 Kennedy Dr.	Key West, FL
Dir.	Lockwood, Robin	1200 Kennedy Dr.	Key West, FL
Dir.	Sanchez, Roberto	1200 Kennedy Dr.	Key West, FL
Dir.	Sanchez, Jose	1200 Kennedy Dr.	Key West, FL
Dir.	Scarlet, Joseph	1200 Kennedy Dr.	Key West, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

HENDRICK, JAMES T.
317 WHITEHEAD ST.
KEY WEST, FL. AN 33040

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84 FL

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE: (Registered Agent Accepting Appointment) DATE:

10. If a foreign corporation, date first transacted business in Florida

11. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. (Officer or Director signing must be listed in Block 6.)

Signature: [signature]

Date: 7-21-89

Typed Name of Signing Officer or Director: Roberto Sanchez

Title: Director

Telephone Number: (305) 294-4693

12. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED X

$5 Additional Fee Required for a Certificate of Status

CP2E014 (1/88)

APPLICATION FOR REINSTATEMENT 1990

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

DO NOT WRITE IN THIS SPACE

FILED

90 DEC 10 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please type or print in black ink. Fax copies are not acceptable.

Make Check Payable To: Department of State

1. Name and Address of Corporation

585170

FLORIDA KEYS MEDICAL CENTER, INC.
1200 KENNEDY DR.
P O BOX L1639
KEY WEST, FL 33041

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address Should Be Changed, Enter the Correct Address Below. This Address Will Be Changed Only by Separate Amendment.

Address: -01/07/91--00032--003
REINSTATEMENT

Address: REINSTATEMENT-----***175.00
ANNUAL REPORT-----***61.25

City and State: TOTAL-----***236.25

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 08/31/1978

4. FEI Number: 59-1916183

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and Director

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/D	LESTER, J.L. JR. (M.D)	1200 KENNEDY DR.	KEY WEST, FL.
V/D	MOORE, HERMAN K	1200 KENNEDY DR.	KEY WEST, FL
S/T/D	KREINCES, JOHN	1200 KENNEDY DR.	KEY WEST, FL
D	GREENWOOD, WILLIAM	1200 KENNEDY DR.	KEY WEST, FL
D	CALLEJA, JOHN	1200 KENNEDY DR.	KEY WEST, FL
D	LOCKWOOD, ROBIN	1200 KENNEDY DR.	KEY WEST, FL

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

HENDRICK, JAMES T.
317 WHITEHEAD ST.
KEY WEST, FL. AW 33040

7. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number) LT 12-28

City and State: FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505, F.S.

Signature of Registered Agent: [signature] Date: 12-5-90

REGISTERED AGENT MUST SIGN

I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate and my signature shall have the same legal effects as if made under oath.

Signature of Officer or Director: [signature] Date: 12/5/90 Phone: 305-296-2414

Typed or printed name of signing officer or director: J.L. Lester Jr., M.D.

Should you desire a certificate of status, check the box: CERTIFICATE OF STATUS DESIRED ☐

$8.75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1991

FLORIDA DEPARTMENT OF STATE
JIM SMITH
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

FILING FEE OF $61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

DOCUMENT # 585170 (4)

1. Name and Mailing Address of Corporation

FLORIDA KEYS MEDICAL CENTER, INC.
1200 KENNEDY DR.
P O BOX L1639
KEY WEST, FL 33041

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

2a Street Address
2b P.O. Box No.
2c City and State
2d Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 08/31/1978

4. FEI Number: 59-1916193

FEI Number Applied For

FEI Number Not Applicable

5. $8.75 [illegible]

CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
P/D	LESTER, J.L. JR. (M.D)	1200 KENNEDY DR.	KEY WEST, FL.
V/D	MOORE, HERMAN K	1200 KENNEDY DR.	KEY WEST, FL
S/T/D	KREINCES, JOHN	1200 KENNEDY DR.	KEY WEST, FL
D	GREENWOOD, WILLIAM	1200 KENNEDY DR.	KEY WEST, FL
D	CALLEJA, JOHN	1200 KENNEDY DR.	KEY WEST, FL
D	LOCKWOOD, ROBIN	1200 KENNEDY DR.	KEY WEST, FL

REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent

HENDRICK, JAMES T.
317 WHITEHEAD ST.
KEY WEST, FL. AW 33040

8. Name and Address of New Registered Agent

8a Name
8b Street Address (Do NOT Use P.O. Box Number)
8c Street Address 2 (Do NOT Use P.O. Box Number)
8d City
8e FL
8f Zip Code

9. 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 _____ DATE _____
(Registered Agent Accepting Appointment)

10. I 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; I further certify that I am familiar with and authorized to sign this report on behalf of the corporation; and that my name appears in block 6 or block 8 if changed, is the name of the registered agent on file with the Department of State.

SIGNATURE _____ DATE _____
Name and Title of Signing Officer or Director

Title

Telephone Number (Optional)

FILING FEE OF $61.25 REQUIRED—Make Checks Payable To: Secretary of State $8.75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1992

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILING FEE $61.25 Make Payable To: *Secretary of State*

1. Name and Mailing Address of Corporation DOCUMENT #585170 (4)

FLORIDA KEYS MEDICAL CENTER, INC.
1200 KENNEDY DR.
P O BOX L1639
KEY WEST FL 33040-4023

If the above address is incorrect in any way, line through the incorrect information and enter correct address in block 2.

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address

22 P.O. Box No.

23 City and State | 24 Zip Code

3. Date Incorporated or Qualified to Do Business in Florida: 08/31/1978

3a. Date of Last Report: 07/16/1991

4. FEI Number: 59-1916193

FEI Number Applied For

FEI Number Not Applicable

5. $8.75 Additional Fee Required for Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
1	P/D	LESTER, J.L. JR. (M.D)	1200 KENNEDY DR.	KEY WEST, FL.
2	V/D	MOORE, HERMAN K	1200 KENNEDY DR.	KEY WEST, FL
3	S/T/D	KREINCES, JOHN	1200 KENNEDY DR.	KEY WEST, FL
4	D	GREENWOOD, WILLIAM	1200 KENNEDY DR.	KEY WEST, FL
5	D	CALLEJA, JOHN	1200 KENNEDY DR.	KEY WEST, FL
6	D	LOCKWOOD, ROBIN	1200 KENNEDY DR.	KEY WEST, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

HENDRICK, JAMES T.
317 WHITEHEAD ST.
KEY WEST, FL. AW 33040

8. Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City FL. | 85 Zip Code

9. 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, Florida Statutes.

SIGNATURE ______ (Registered Agent Accepting Appointment) DATE ______

10. This corporation has liability for intangible tax under S. 199.032 Florida Statutes. Yes ✗ No ☐ (See other side for information on intangible tax.)

11. I 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. I further certify 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 6 or as attached with an address.

SIGNATURE X [signature] DATE 8-12-92

Typed or Printed Name of Officer or Director: Robert Sachs | Title: DIRECTOR | Telephone Number During Day: (305) 294-9200

12. [illegible] ... check this box and include an additional $5.00 ...

File Now. Filing Fee after May 1 is $225.00

CORPORATION ANNUAL REPORT

1993

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

DOCUMENT # 585170 (4)

1. Name and Mailing Address of Corporation

FLORIDA KEYS MEDICAL CENTER, INC.
1200 KENNEDY DR.
P O BOX L1639
KEY WEST FL 33040-4023

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualified: 06/31/1978

3a. Date of Last Report: 09/09/1992

FILING FEE $200.00

ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO: DEPARTMENT OF STATE

4. FEI Number: 591916193

2. Mailing Address

21

Street Addr. # etc.

22

City & State

23

Zip | Country

24 | 25

2a. Principal Place of Business

26

Street Addr. # etc.

27

City & State

28

Zip | Country

29 | 30

5. Certificate of Status Desired: $8.75

6. Election Campaign Financing Trust Fund Contribution: $5.00 May Be Added to Fees

7. Nonprofit with $5,000 Tax Exempt Status: $138.75 Supplemental Fee Not Required

8. This corporation has been, or intends to be, classified under S. 501(c) Florida Statutes: X Yes ☐ No

9. Name and Address of Current Registered Agent

HENDRICK, JAMES T.
317 WHITEHEAD ST.
KEY WEST, 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: FL | 85 Zip Code | 86 County

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 certify that I am familiar with and accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

(Registered Agent's Acceptance Signature)

12. OFFICERS AND DIRECTORS	13. OFFICERS AND DIRECTORS CHANGES
P/D LESTER, J.L. JR. (M.D) 1200 KENNEDY DR. KEY WEST FL	13.1 TITLE 13.2 NAME 13.3 ADDRESS 13.4 CITY, ST, ZIP
V/D MOORE, HERMAN K 1200 KENNEDY DR. KEY WEST FL	14.1 TITLE 14.2 NAME 14.3 ADDRESS 14.4 CITY, ST, ZIP
S/T/D KREINCES, JOHN 1200 KENNEDY DR. KEY WEST FL	15.1 TITLE 15.2 NAME 15.3 ADDRESS 15.4 CITY, ST, ZIP
D GREENWOOD, WILLIAM 1200 KENNEDY DR. KEY WEST FL	16.1 TITLE 16.2 NAME 16.3 ADDRESS 16.4 CITY, ST, ZIP
D CALLEJA, JOHN 1200 KENNEDY DR. KEY WEST FL	17.1 TITLE 17.2 NAME 17.3 ADDRESS 17.4 CITY, ST, ZIP
D LOCKWOOD, ROBIN 1200 KENNEDY DR. KEY WEST FL	18.1 TITLE 18.2 NAME 18.3 ADDRESS 18.4 CITY, ST, ZIP

14.

SIGNATURE X John Calleja DATE 4/21/93

John Calleja Director (305) 294-553

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1994

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

APPROVED AND FILED
94 MAY -1 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
FLORIDA KEYS MEDICAL CENTER, INC.

DOCUMENT # 585170 (4)

Mailing Address
1200 KENNEDY DR.
P O BOX L1659
KEY WEST FL 33040-4023

Principal Place of Business
1200 KENNEDY DR.
P O BOX L1659
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

3. Date Incorporated or Qualified: 08/31/1976
3a. Date of Last Report: 04/29/1993

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 / Country
24 / 25

Zip / Country
29 / 30

4. FEI Number: 59-1916193 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: $9.75 ☐

6. Election Campaign Financing Trust Fund Contribution: ☐ $5.00 May Be Added to Fees

7. Nonprofit Exempt from $139.75 Supplemental Fee ☐

8. The corporation has assets for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No

8. Name and Address of Current Registered Agent

HENDRICK, JAMES T.
317 WHITEHEAD ST.
KEY WEST, 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 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 _____
(Required if Agent Accepting Appointment) (NOTE: Registered Agent signature required when remailing)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/D	11 TITLE	
12 NAME	LESTER, J.L. JR. (M.D)	12 NAME	
13 STREET ADDRESS	1200 KENNEDY DR.	13 STREET ADDRESS	
14 CITY-ST-ZIP	KEY WEST FL	14 CITY-ST-ZIP	
21 TITLE	V/D	21 TITLE	
22 NAME	MOORE, HERMAN K	22 NAME	
23 STREET ADDRESS	1200 KENNEDY DR.	23 STREET ADDRESS	
24 CITY-ST-ZIP	KEY WEST FL	24 CITY-ST-ZIP	
31 TITLE	S/T/D	31 TITLE	
32 NAME	KRENCES, JOHN	32 NAME	
33 STREET ADDRESS	1200 KENNEDY DR.	33 STREET ADDRESS	
34 CITY-ST-ZIP	KEY WEST FL	34 CITY-ST-ZIP	
41 TITLE	D	41 TITLE	
42 NAME	GREENWOOD, WILLIAM	42 NAME	
43 STREET ADDRESS	1200 KENNEDY DR.	43 STREET ADDRESS	
44 CITY-ST-ZIP	KEY WEST FL	44 CITY-ST-ZIP	
51 TITLE	D	51 TITLE	
52 NAME	CALLEJA, JOHN	52 NAME	
53 STREET ADDRESS	1200 KENNEDY DR.	53 STREET ADDRESS	
54 CITY-ST-ZIP	KEY WEST FL	54 CITY-ST-ZIP	
61 TITLE	D	61 TITLE	
62 NAME	LOCKWOOD, ROBIN	62 NAME	
63 STREET ADDRESS	1200 KENNEDY DR.	63 STREET ADDRESS	
64 CITY-ST-ZIP	KEY WEST FL	64 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)(i), Florida Statutes. I hereby waive the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 asterisk.

SIGNATURE: Roberto Sanchez 4/14/94
(Required) Name and Type or Print the Name of Person Signing as Officer or Director — Title — Date

2

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

May 2, 1994

FLORIDA KEYS MEDICAL CENTER, INC.
1200 KENNEDY DR.
P.O BOX L1639
KEY WEST, FL 33040-4023

SUBJECT: FLORIDA KEYS MEDICAL CENTER, INC.
Ref Number: 585170

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

The person that signed the annual report is not listed as an officer/director of the corporation. The person signing must be listed as an officer/director in block 12, block 13 or on an attachment with a street address.

NOTE: YOU HAVE 30 DAYS FROM THE DATE OF THIS LETTER TO MAKE THE CORRECTIONS AND RETURN THE DOCUMENT AND NOT HAVE TO PAY THE LATE FEE OF $25.00.

PLEASE RETURN A COPY OF THIS LETTER WITH THE CORRECTED DOCUMENT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Cindy Bryant
Annual Report Section

Letter number: 894A00020008

Florida Keys Medical Center, Inc.
Roberto Sanchez
Director
1790 Bay Dr.
Miami Beach, FL 33141

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 31, 1994
AMOUNT DUE OR BEFORE [illegible] IF PAID, NOTHING AMOUNT DUE TO REINSTATE $[illegible]

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 11639
KEY WEST FL 33040-4023

Principal Place of Business
1200 KENNEDY DR
P O BOX 11639
KEY WEST FL 33040-4023

If above addresses are incorrect in any way, line through incorrect information and write correction below.

DO NOT WRITE ABOVE THIS LINE

3. Date Incorporated / Qualified: **08/31/1978**
3a. Date of Last Report: **04/29/1993**

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

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

4. FEI Number: **59-1915193**
Applied For
Not Applicable

5. Certificate of Status Desired: $8.75 ☐

6. Effective Date if Changing Mail or Principal Address: **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

8. This corporation is currently qualified as an exempt organization under Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HENDRICK, JAMES T.
317 WHITEHEAD ST.
KEY WEST, 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 **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
Required. Typed or printed name of registered agent and date this statement was executed. NOTE: No printed Agent signature required on amendment. Date

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

16. I do hereby certify that the information supplied with this filing is accurately 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; or that I am a managing partner or general partner of a limited partnership.

SIGNATURE: J.L. Lester, Jr. 8/2/94 (305) 292-5317
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 18 PM 7:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 585170 (4)

1. Corporate 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 KENNEL DR.
P O BOX L1639
KEY WEST FL 33040-4023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1978
3a. Date of Last Report: 05/01/1994
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) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / 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
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 ______ DATE

12. OFFICERS AND DIRECTORS

Title	PD
Name	LESTER, J L JR.,MD
Street Address	1200 KENNEDY DR.
City-St-Zip	KEY WEST FL
Title	VD
Name	MOORE, HERMAN K
Street Address	1200 KENNEDY DR.
City-St-Zip	KEY WEST FL
Title	STD
Name	KREINCES, JOHN
Street Address	1200 KENNEDY DR.
City-St-Zip	KEY WEST FL
Title	D
Name	GREENWOOD, WILLIAM
Street Address	1200 KENNEDY DR.
City-St-Zip	KEY WEST FL
Title	D
Name	CALLEJA, JOHN
Street Address	1200 KENNEDY DR.
City-St-Zip	KEY WEST FL
Title	D
Name	LOCKWOOD, ROBIN
Street Address	1200 KENNEDY DR.
City-St-Zip	KEY WEST FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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. [remainder of certification illegible]

SIGNATURE: X [signature] J.L.Lester, Pres 4/12/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE