

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 620127

1. Entity Name
KEY WEST RADIOLOGY ASSOCIATES, P.A.



FILED
Jan 29, 2004 08:00 AM
Secretary of State

Principal Place of Business
**181 KEY HAVEN RD
KEY WEST, FL 33040 US**

Mailing Address
**181 KEY HAVEN RD
KEY WEST, FL 33040 US**



01252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1899746 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KREINCES, JOHN D. MD
181 KEY HAVEN RD
KEY WEST, FL 33040**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VS
NAME	HENNEMANN, JEANNE M
STREET ADDRESS	286 COLSON DR
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042
TITLE	DP
NAME	KREINCES, JOHN D
STREET ADDRESS	181 KEY HAVEN RD
CITY-ST-ZIP	KEY WEST, FL 00000, 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000020292
01/29/04-80061-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04

Date

305 2949626

Daytime Phone #