

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90027 033 ****70.00

DOCUMENT # 730596

1. Entity Name
THE MEDICAL CENTER AT OCEAN REEF, INC.



Principal Place of Business
**30 OCEAN REEF DR.
KEY LARGO, FL 33037**

Mailing Address
**30 OCEAN REEF DR.
KEY LARGO, FL 33037**

20048303



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07032006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
23-7438190

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOSTRO, LOIS
201 SO BISCAYNE BLVD
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
JACOBS, BARBARA
ANDROS ROAD
KEY LARGO, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
ADELAIDE SKOGLUND
17 CARD SOUND
KEY LARGO, FL 33037** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HUNT, BRIAN
13 OSPREY LANE
KEY LARGO, FL 33037** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ATS
DELGADO, GAIL
3548 LAKESIDE LANE
KEY LARGO, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**239 S BAY HARBOR DR
KEY LARGO, FL 33037** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DAVIDSON, TOM
07 SUNRISE CAY
KEY LARGO, FL 33037** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE CHAIRMAN / TREASURER
PATRICK LEG
13 SUNRISE CAY
KEY LARGO, FL 33037** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HOLMES, JAY
42 SPADEFISH LANE
TAMPA, FL 33637** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHAIRMAN
JAY HOLMES
42 SPADEFISH LN
KEY LARGO, FL 33037** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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

JUNE 30, 2006

Date Daytime Phone #