FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:08

DOCUMENT # 747197 (2)

1. Corporation Name
KEYS HOSPITAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
50 HIGH POINT ROAD TAVERNIER FL 33070	50 HIGH POINT ROAD TAVERNIER FL 33070

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1987355 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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

ROBERT H. LUSE
50 HIGH POINT RD.
TAVERNIER FL 33070

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	FLEISHER, CHRISTIAN A.	1.2 NAME	HERSHOFF, JAY	
STREET ADDRESS	50 HIGH POINT ROAD	1.3 STREET ADDRESS	50 HIGH POINT ROAD	
CITY-ST-ZIP	TAVERNIER FL	1.4 CITY-ST-ZIP	TAVERNIER, FL	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, DAVID	2.2 NAME		
STREET ADDRESS	50 HIGH POINT ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	REGAN, CHARLEN	3.2 NAME		
STREET ADDRESS	50 HIGH POINT RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	OTTO, HANS	4.2 NAME		
STREET ADDRESS	50 HIGH POINT RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MAHONEY, JOANNE F.	5.2 NAME		
STREET ADDRESS	50 HIGH POINT ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BUSH, BLAKELY	6.2 NAME		
STREET ADDRESS	50 HIGH POINT ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER FL	6.4 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/29/95 305 852 9222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #