

FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33070-2006

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/16/1979		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1987355		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROBERT H. LUSE 50 HIGH POINT RD. TAVERNIER FL 33070				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code FL			

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HERSHOFF, JAY			1.2 NAME	DONALD L. Burgess		
STREET ADDRESS	50 HIGH POINT ROAD			1.3 STREET ADDRESS	50 High Point Rd.		
CITY-ST-ZIP	TAVERNIER FL			1.4 CITY-ST-ZIP	TAVERNIER, FLA.		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOHNSON, DAVID			2.2 NAME	GEORGE E. CADMAN III		
STREET ADDRESS	50 HIGH POINT ROAD			2.3 STREET ADDRESS	50 High Point Rd.		
CITY-ST-ZIP	TAVERNIER FL			2.4 CITY-ST-ZIP	TAVERNIER, FLA.		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	REGAN, CHARLEN			3.2 NAME	DR. EMIT O. RAY		
STREET ADDRESS	50 HIGH POINT RD			3.3 STREET ADDRESS	50 High Point Rd.		
CITY-ST-ZIP	TAVERNIER FL			3.4 CITY-ST-ZIP	TAVERNIER, FLA.		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	OTTO, HANS			4.2 NAME	I.E. Schilling		
STREET ADDRESS	50 HIGH POINT RD			4.3 STREET ADDRESS	50 High Point Rd.		
CITY-ST-ZIP	TAVERNIER FL			4.4 CITY-ST-ZIP	TAVERNIER, FLA.		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MAHONEY, JOANNE F.			5.2 NAME	Chris Schra der		
STREET ADDRESS	50 HIGH POINT ROAD			5.3 STREET ADDRESS	50 High Point Rd.		
CITY-ST-ZIP	TAVERNIER FL			5.4 CITY-ST-ZIP	TAVERNIER, FLA.		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BUSH, BLAKELY			6.2 NAME	Wayne A. Moccia, MD.		
STREET ADDRESS	50 HIGH POINT ROAD			6.3 STREET ADDRESS	50 High Point Rd.		
CITY-ST-ZIP	TAVERNIER FL			6.4 CITY-ST-ZIP	TAVERNIER, FLA.		

14. I do hereby certify that the information supplied with this filing 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 in an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0025972

CR2E037 (9/96)

ATTACHMENT FOR ITEM 13

**Florida Department of State
Division of Corporations**

Re: 1997 Nonprofit Corporation Annual Return for Keys Hospital Foundation, Inc.

To whom it may concern:

Item 13: The following are additional Board members that must be added but there was not available space left on Document 747197 to do so:

**D
William S. Brown
50 High Point Road
Tavernier, Florida**

**D
Marie Madigan
50 High Point Road
Tavernier, Florida**

**D
Louise Orzel
50 High Point Road
Tavernier, Florida**