

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90074 048 \*\*\*\*61.25

|   |   |   |
|---|---|---|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 747197**

1. Corporation Name

**KEYS HOSPITAL FOUNDATION, INC.**

Principal Place of Business

50 HIGH POINT ROAD  
 TAVERNIER FL 33070

Mailing Address

50 HIGH POINT ROAD  
 TAVERNIER FL 33070

232964-90074-48



|                                |                       |  |
|--------------------------------|-----------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address   | 3. Date Incorporated or Qualified  |
| 21 91500 OVERSEAS HWY          | 26 91500 OVERSEAS HWY | 05/16/1979   |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.   | 4. FEI Number  |
| 22                             | 27                    | 59-1987355   |
| City & State                   | City & State          | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 TAVERNIER FL 33070          | 28 TAVERNIER FL       | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees      |
| Zip Country                    | Zip Country           | Trust Fund Contribution  |
| 24 33070 25 USA                | 29 33070 30 USA       |  |

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   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   |             |
| Tavernier FL  | 33070       |

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   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HERSHOFF, JAY                      | 1.2 NAME  |  |
| STREET ADDRESS             | 50 HIGH POINT ROAD                 | 1.3 STREET ADDRESS                                    | 91500 OVERSEAS HWY   |
| CITY-ST-ZIP                | TAVERNIER FL                       | 1.4 CITY-ST-ZIP                                       | TAVERNIER FL 33070   |
| TITLE                      | VD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SCHRADER, CHRIS                    | 2.2 NAME  |  |
| STREET ADDRESS             | 50 HIGH POINT RD                   | 2.3 STREET ADDRESS                                    | 91500 OVERSEAS HWY   |
| CITY-ST-ZIP                | TAVERNIER FL 33070                 | 2.4 CITY-ST-ZIP                                       | TAVERNIER FL 33070   |
| TITLE                      | SD <input type="checkbox"/> DELETE | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | REGAN, CHARLEN                     | 3.2 NAME  |  |
| STREET ADDRESS             | 50 HIGH POINT RD                   | 3.3 STREET ADDRESS                                    | 91500 OVERSEAS HWY   |
| CITY-ST-ZIP                | TAVERNIER FL                       | 3.4 CITY-ST-ZIP                                       | TAVERNIER FL 33070   |
| TITLE                      | TD <input type="checkbox"/> DELETE | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BUSH, BLAKELY                      | 4.2 NAME  |  |
| STREET ADDRESS             | 50 HIGH POINT ROAD                 | 4.3 STREET ADDRESS                                    | 91500 OVERSEAS HWY   |
| CITY-ST-ZIP                | TAVERNIER FL                       | 4.4 CITY-ST-ZIP                                       | TAVERNIER FL 33070   |
| TITLE                      | <input type="checkbox"/> DELETE    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                    | 5.2 NAME  |  |
| STREET ADDRESS             |                                    | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                    | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                    | 6.2 NAME  |  |
| STREET ADDRESS             |                                    | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                    | 6.4 CITY-ST-ZIP                                       |  |

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

232964-90074-48  
747197

**Keys Hospital Foundation, Inc. d/b/a Mariners Hospital  
Board of Directors 1999**

Jay A. Hershoff, Esq., Chairman  
91500 Overseas Highway  
Tavernier, FL 33070

Chris Schrader, Vice Chairman  
91500 Overseas Highway  
Tavernier, FL 33070

Blake Bush, Treasurer  
91500 Overseas Highway  
Tavernier, FL 33070

Charlen Regan, Secretary  
91500 Overseas Highway  
Tavernier, FL 33070

Wayne A. Moccia, M.D.  
91500 Overseas Highway  
Tavernier, FL 33070

George E. Cadman, III  
91500 Overseas Highway  
Tavernier, FL 33070

Albert E. Dotson  
91500 Overseas Highway  
Tavernier, FL 33070

Marie Madigan  
91500 Overseas Highway  
Tavernier, FL 33070

Louise Orzel  
91500 Overseas Highway  
Tavernier, FL 33070

Dr. Emit O. Ray  
91500 Overseas Highway  
Tavernier, FL 33070

I.E. Schilling  
91500 Overseas Highway  
Tavernier, FL 33070