

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 03, 2012
Secretary of State

DOCUMENT# 769961

Entity Name: KEY WEST PROFESSIONAL PLAZA, INC.**Current Principal Place of Business:**1111 12TH STREET
KEY WEST, FL 33040 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 414586
SUITE 914
MIAMI BEACH, FL 33139 US**New Mailing Address:****FEI Number:** 59-2647226 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROBERTO, SANCHEZ
1680 MICHIGAN AVENUE
MIAMI BEACH, FL 33141 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SANCHEZ, ROBERTO
Address: 1680 MICHIGAN AVENUE SUITE 914
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD
Name: LOCKWOOD, ROBIN M.D.
Address: 1111 12TH ST., #212
City-St-Zip: KEY WEST, FL 33040

Title: S
Name: CALLEJA, JOHN M.D.
Address: 1111 12TH ST., #208
City-St-Zip: KEY WEST, FL 33040

Title: T
Name: PAZ, ELIOPE M.D.
Address: 1111 12TH ST., #110
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: ALEA, DAVID
Address: 1111 12TH ST., #101
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERTO SANCHEZ

MR

04/03/2012

Electronic Signature of Signing Officer or Director

Date