

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H94498 (3)  
1. Corporation Name  
AMERICAN MEDICAL CENTER OF THE KEYS, INC.

FILED  
97 AUG 18 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address  
US 1 AND ROYAL PALM DRIVE US 1 AND ROYAL PALM DRIVE  
KEY LARGO FL 33037 KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		01/15/1986		04/15/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2622967		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		FL		5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24		29		33070		30	
Country		Country		Monroe		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
25		30		FL		Yes No	

9. Name and Address of Current Registered Agent

MANUEL, EUGENE L.  
U.S. #1 AND ROYAL PALM DRIVE  
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

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	VD	1.1 TITLE	
NAME	MANUEL, EUGENE L.	1.2 NAME	
STREET ADDRESS	US 1 & ROYAL PALM DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	STEGALL, AVA	2.2 NAME	
STREET ADDRESS	US 1 & ROYAL PALM DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE: [Signature]

AVASTEBAN, D.O. (305) 451-2585

CR2E034 (4/97)

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# **Key Largo Medical Center**

**A Division of IntegraCare, inc.**

August 7, 1997

Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: American Medical Center of the Keys  
1997 Corporation Annual Report

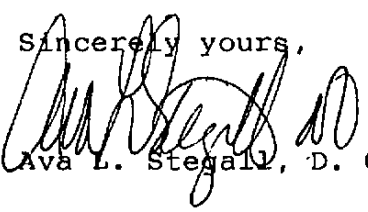
Dear Sir/Madam:

I just recently received the 1997 Corporation report on the above named Corporation. Evidently the first report was not received in this office. I have this day called the Division of Corporations and was advised to send a check in the amount of \$165.00 and this cover letter explaining the reason for the delay.

Thank you for every consideration you have given me in this matter.

As you will notice, I have changed the mailing address to read: 41 East Beach Drive, Tavernier, Florida 33070.

Thanking you, I am,

Sincerely yours,  
  
Ava L. Stegall, D. O.

ALS/ms  
Enclosure - Check \$165.00  
Annual Report