

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H94498

1. Entity Name

AMERICAN MEDICAL CENTER OF THE KEYS, INC.

Principal Place of Business

US 1 AND ROYAL PALM DRIVE  
KEY LARGO FL 33037

Mailing Address

41 EAST BEACH DR.  
TAVERNIER FL 33070-2931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

41 East Beach Rd.

City & State

City & State

Tavernier FL.

Zip

Country

Zip

Country

33070

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD	MANUEL, EUGENE L	US 1 & ROYAL PALM DRIVE	KEY LARGO FL	<input type="checkbox"/>					
PD	STEGALL, AVA	US 1 & ROYAL PALM DRIVE	KEY LARGO FL	<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME, DESIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90091 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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