

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90027 023 \*\*\*\*70.00

**DOCUMENT # N02000009632**

1. Entity Name

LOWER KEYS MEDICAL CENTER AUXILIARY INC.



Principal Place of Business

5900 JR. COLLEGE RD.  
KEY WEST FL 33040

Mailing Address

P.O. BOX 2341  
KEY WEST FL 33045

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

56-2305961

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KESAR, AMANDA  
1400 KENNEDY DR., #536  
KEY WEST FL 33040

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>BATTY, VIOLET<br>2601 S. ROOSEVELT<br>KEY WEST FL 33040      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TD<br>KESAR, AMANDA<br>1400 KENNEDY DR., #536<br>KEY WEST FL 33040 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>LIMBERT, FRIDAY<br>3701 EAGLE AVE.<br>KEY WEST FL 33040       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |   |
|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DIRECTOR<br>LOU KERR<br>1225 5th St.<br>Key West FL 33040 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Amanda Kesar Treas.* AMANDA KESAR 7/23/04 305-292-2038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #