


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # N02000009632	
1. Entity Name LOWER KEYS MEDICAL CENTER AUXILIARY INC.	

Principal Place of Business 5900 COLLEGE ROAD KEY WEST FL 33040	Mailing Address P.O. BOX 2341 KEY WEST FL 33045
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 56-2305961	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
KESAR, AMANDA 1400 KENNEDY DR., #536 KEY WEST FL 33040	

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD KESAR, AMANDA 1400 KENNEDY DR., #536 KEY WEST FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000654432 03/13/07-80059-024 61.25
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KERR, LOU 1225 5TH ST KEY WEST FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, Pres.* **AMANDA KESAR** 7/23/07 305-292-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR