

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
**Jul 24, 2008 08:00 AM**  
**Secretary of State**



07112008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering).

DATE

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
KESAR, AMANDA  
1400 KENNEDY DR., #536  
KEY WEST, FL 33040

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KERR, LOU  
1225 5TH ST  
KEY WEST, FL 33040

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000956238  
07/24/08-80004-017 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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*

*Amanda Kesar*

*7/21/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #