

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009632

FILED
Aug 07, 2009
Secretary of State

Entity Name: LOWER KEYS MEDICAL CENTER AUXILIARY INC.

Current Principal Place of Business:

5900 COLLEGE ROAD
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2341
KEY WEST, FL 33045

New Mailing Address:

FEI Number: 56-2305961 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: KESAR, AMANDA
Address: 1400 KENNEDY DR., #536
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: KERR, LOU
Address: 1225 5TH ST
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA KESAR

PRES

08/07/2009

Electronic Signature of Signing Officer or Director

Date