

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35636

FILED  
May 03, 2007  
Secretary of State

Entity Name: THE LOWER FLORIDA KEYS HEALTH SYSTEM, INC.

**Current Principal Place of Business:**

C/O ROBIN LOCKWOOD M.D.  
5900 COLLEGE ROAD  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 414586  
MIAMI BEACH, FL 33141 US

**New Mailing Address:**

FEI Number: 65-0163715      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:**

LOCKWOOD, ROBIN  
1111 -12TH ST  
STE 112  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

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: PD ( ) Delete  
Name: LOCKWOOD, M.D. ROBIN  
Address: 18 ALLAMANDA TERRACE  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: ROGERS, CAROL  
Address: 819 PEACOCK PLAZA  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: YOST, DONALD  
Address: 55 BOX 9 CHICA RD #104  
City-St-Zip: KEY WEST, FL 33040

Title: SD ( ) Delete  
Name: CALLEJA, JOHN, MC,  
Address: 1401 PETRONIA ST  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: CALL, NEIL  
Address: 1800 ATLANTIC BLVD  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: MOBLEY, ANNETTE  
Address: 1642 MORGAN COURT, APT 2  
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:

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

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

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: ROBIN LOCKWOOD

Electronic Signature of Signing Officer or Director

P

05/03/2007

\_\_\_\_\_ Date