

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35636

FILED
Apr 27, 2010
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 ()

Name and Address of Current Registered Agent:

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

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

Title: D
Name: HAMILTON, HENRY
Address: 5 COCONUT DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: SD
Name: CALLEJA, JOHN, MD
Address: 1401 PETRONIA ST
City-St-Zip: KEY WEST, FL 33040

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

Title: D
Name: MOBLEY, ANNETTE
Address: 1642 MORGAN COURT, APT 2
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: ROBIN LOCKWOOD

PD

04/27/2010

Electronic Signature of Signing Officer or Director

Date