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Feb 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000772 (3)

1. Corporation Name

K L HOSPITAL MANAGEMENT, INC.



Principal Place of Business

Mailing Address

5900 JUNIOR COLLEGE RD
KEY WEST FL 33040

5900 JUNIOR COLLEGE RD
KEY WEST FL 33040

3. Date Incorporated or Qualified
02/15/1994

3a. Date of Last Report
10/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COURTNEY, FRANK
5900 JUNIOR COLLEGE RD
KEY WEST FL 33040

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME COURTNEY, FRANK
STREET ADDRESS 3706 N ROODEVELT BLVD
CITY-ST-ZIP KEY WEST FL 33040

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME LOCKWOOD, RUBIN
STREET ADDRESS 11 ALLAMANDA DR
CITY-ST-ZIP KEY WEST FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DT
NAME HERSHOFF, JAY
STREET ADDRESS 190 PLANTATION AVE
CITY-ST-ZIP TAVERNIER FL 33070

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DS
NAME ALLARD, JEFFREY
STREET ADDRESS 50 HIGH POINT ROAD
CITY-ST-ZIP TAVERNIER FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DT
NAME CARSHMAN, DANIEL
STREET ADDRESS RT. 2 BOX 574A
CITY-ST-ZIP SUMMERLAND KEY FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DT
NAME DEAN, JERRY
STREET ADDRESS 3741 FLAGLER AVENUE
CITY-ST-ZIP KEY WEST FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with a address.

SIGNATURE: X *[Signature]* 1/8/97 (305) 294-9200

CR2E037 (9/96)