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Mar 04 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Matham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
4. FEI Number	65-0488140
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
GOURTNEY, FRANK 5900 JUNIOR COLLEGE RD KEY WEST FL 33040

10. Name and Address of New Registered Agent
81 Name Ronald L. Bierman
82 Street Address (P.O. Box Number Is Not Acceptable) 5900 College Road
83 City Key West, Florida
84 Zip Code 33040

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 Ronald L. Bierman **Ronald L. Bierman, Administrator** DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	DP COURTNEY, FRANK <input checked="" type="checkbox"/> DELETE
NAME	3706 N ROODEVELT BLVD
STREET ADDRESS	KEY WEST FL 33040
CITY-ST-ZIP	
TITLE	D LOCKWOOD, RUBIN <input checked="" type="checkbox"/> DELETE
NAME	11 ALLAMANDA DR
STREET ADDRESS	KEY WEST FL
CITY-ST-ZIP	
TITLE	DT HERSHOFF, JAY <input checked="" type="checkbox"/> DELETE
NAME	190 PLANTATION AVE
STREET ADDRESS	TAVERNIER FL 33070
CITY-ST-ZIP	
TITLE	DS ALLARD, JEFFREY <input checked="" type="checkbox"/> DELETE
NAME	50 HIGH POINT ROAD
STREET ADDRESS	TAVERNIER FL
CITY-ST-ZIP	
TITLE	DT CARSHMAN, DANIEL <input checked="" type="checkbox"/> DELETE
NAME	RT. 2 BOX 574A
STREET ADDRESS	SUMMERLAND KEY FL
CITY-ST-ZIP	
TITLE	DT DEAN, JERRY <input checked="" type="checkbox"/> DELETE
NAME	3741 FLAGLER AVENUE
STREET ADDRESS	KEY WEST FL
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP Lockwood, Robin, M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	18 Allamanda Terrace
1.3 STREET ADDRESS	Key West, FL. 33040
1.4 CITY-ST-ZIP	
2.1 TITLE	D Herron, Ron <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P.O. Box 4374
2.3 STREET ADDRESS	Key West, FL. 33041
2.4 CITY-ST-ZIP	
3.1 TITLE	VPD Dean, Jerry <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	418 Simonton Street
3.3 STREET ADDRESS	Key West, FL. 33040
3.4 CITY-ST-ZIP	
4.1 TITLE	SD Calleja, John, M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	1401 Petronia Street
4.3 STREET ADDRESS	Key West, FL. 33040
4.4 CITY-ST-ZIP	
5.1 TITLE	D Covington, Jerome, M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	520 Southard Street
5.3 STREET ADDRESS	Key West, FL. 33040
5.4 CITY-ST-ZIP	
6.1 TITLE	TD Murray, Jack <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	1421 12th Street
6.3 STREET ADDRESS	Key West, FL. 33040
6.4 CITY-ST-ZIP	

14. I 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 an address.

SIGNATURE: Ronald L. Bierman **Ronald L. Bierman** 305-294-9200

CR2E037 (10/97)