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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90253 021 \*\*\*122.50

• • NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000000772**

1. Corporation Name

**K L HOSPITAL MANAGEMENT, INC.**

Principal Place of Business

**5900 JUNIOR COLLEGE RD  
KEY WEST FL 33040**

Mailing Address

**5900 JUNIOR COLLEGE RD  
KEY WEST FL 33040**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**02/15/1994**

4. FEI Number

**65-0488140**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**BIERMAN, RONALD L  
5900 COLLEGE ROAD  
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

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

TITLE **DP** ☐ DELETE  
NAME **LOCKWOOD, ROBIN** **X R**  
STREET ADDRESS **18 ALLAMANDA TERRACE**  
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **D** ☐ DELETE  
NAME **HERRON, RON**  
STREET ADDRESS **P.O. BOX 4374 N/A**  
CITY-ST-ZIP **KEY WEST FL 33041**

TITLE **VPO** ☐ DELETE  
NAME **DEAN, JERRY**  
STREET ADDRESS **418 SIMONTON STREET**  
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **SD** ☐ DELETE  
NAME **CALLEJA, JOHN M**  
STREET ADDRESS **1401 PETRONIA STREET**  
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **D** ☒ DELETE  
NAME **COVINGTON, JEROME M** **X**  
STREET ADDRESS **520 SOUTHARD STREET**  
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **TD** ☒ DELETE  
NAME **MURRAY, JACK**  
STREET ADDRESS **1421 12TH STREET**  
CITY-ST-ZIP **KEY WEST FL 33040**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**D** ☐ Change ☒ Addition  
**Susana Escalante**  
**111 12th Street**  
**Key West, FL 33040**

**D** ☐ Change ☒ Addition  
**Peter Ilchuk**  
**1019 Flagler Avenue**  
**Key West, FL 33040**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)