

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 08:00 AM****Secretary of State****DOCUMENT # N96000001199****1. Entity Name****FLORIDA KEYS PROFESSIONAL SERVICES, INC.****Principal Place of Business****Mailing Address**

1200 KENNEDY DRIVE

P.O. BOX 414586

KEY WEST

FL

33040

US

MIAMI BEACH

FL

33141

US

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****65-0594257**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**

SANCHEZ ROBERTO

5900 COLLEGE ROAD

KEY WEST

FL

33040

US

**Name**

SANCHEZ ROBERTO

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

780 NW LEJEUNE RD

SUITE 616

City

MIAMI

**FL**

Zip Code

33126

**8. 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

**04/25/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:****FEE IS \$61.25****9. Election Campaign Financing**

Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	MURRAY JACK T	1421 12TH ST.	KEY WEST FL 33040	<input type="checkbox"/> Delete			
D	LOCKWOOD ROBIN M.D.	1111 12 ST., STE. 112	KEY WEST FL 33040	<input type="checkbox"/> Delete			
D	SANCHEZ ROBERTO	780 N.W. LEJEUNE ROAD, STE. 616	MIAMI FL 33126	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:****ROBERTO SANCHEZ****D****04/25/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee #

CR2E037 (11/00)