

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000049900 (1)

1. Corporation Name

KEYS MEDICAL CENTERS, INC.



Principal Place of Business

82685 OVERSEAS HIGHWAY
SUITE 1
ISLAMORADA FL 33036

Mailing Address

82685 OVERSEAS HIGHWAY
SUITE 1
ISLAMORADA FL 33036

3. Date Incorporated or Qualified

07/06/1994

3a. Date of Last Report

03/21/1995

2. Principal Place of Business

2a. Mailing Address

21 245 Mundy Ave

26 245 Mundy Ave

4. FEI Number

65-0511409

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRINNEN, JAYME L
82685 OVERSEAS HIGHWAY
SUITE 1
ISLAMORADA FL 33036

81 Name

MARY Shell

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

245 Mundy Ave.

83

84 City

Merritt Island, FL

85 Zip Code

32953

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

x Mary J. Shell

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME DRINNEN, JAYNE L
STREET ADDRESS 82685 OVERSEAS HIGHWAY SUITE 1
CITY-ST-ZIP ISLAMORADA FL 33036 ☒ DELETE

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

TITLE D
NAME COX, FRANK W
STREET ADDRESS 198 INDIES DR. SOUTH
CITY-ST-ZIP DUCK KEY FL 33050 ☐ DELETE

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

TITLE D
NAME SHELL, MARY
STREET ADDRESS 245 MINDY AVE.
CITY-ST-ZIP MERRITT ISLAND FL 32953 ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: x Mary J. Shell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96

Date

407-452-3602

Daytime Phone #

CR2E034 (12/95)