

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: **245 Mundy Ave**
2a. Mailing Address: **245 Mundy Ave**
21. City & State: **Merritt Island, FL**
22. Suite, Apt. #, etc.:
23. City & State: **Merritt Island, FL**
24. Zip: **32953** 25. Country: **Brevard**
26. City & State: **Merritt Island, FL**
27. Suite, Apt. #, etc.:
28. City & State: **Merritt Island, FL**
29. Zip: **32953** 30. Country: **Brevard**

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

10. Name and Address of New Registered Agent
81. Name: **MARY Shell**
82. Street Address (P.O. Box Number is Not Acceptable): **245 Mundy Ave.**
83. 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: *Mary J. Shell*
Signature, typed or printed name of registered agent and title, if applicable

DATE: **4-18-96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRINNEN, JAYNE L	1.2 NAME	
STREET ADDRESS	82685 OVERSEAS HIGHWAY SUITE 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL 33036	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, FRANK W	2.2 NAME	
STREET ADDRESS	198 INDIES DR. SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUCK KEY FL 33050	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELL, MARY	3.2 NAME	
STREET ADDRESS	245 MINDY AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

DATE: **4-18-96** DAYTIME PHONE: **407-452-3602**

CR2E034 (12/95)