2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 14, 2005
Secretary of State

DOCUMENT# P99000011593

Entity Name: KEY WEST HMA, INC.

Current Principal Place of Business:

5900 COLLEGE RD
KEY WEST, FL 330404342

New Principal Place of Business:

Current Mailing Address:

5811 PELICAN BAY BLVD., STE. 500
NAPLES, FL 341082711

New Mailing Address:

FEI Number: 65-0905661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
FORT LAUDERDALE, FL 333244413 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILL-MOWERY, NICKI
Address: 5900 COLLEGE ROAD
City-St-Zip: KEY WEST, FL 33040

Title: T ( ) Delete
Name: DESANTIS, JOHN
Address: 5900 COLLEGE ROAD
City-St-Zip: KEY WEST, FL 33040

Title: VSD ( ) Delete
Name: PARRY, TIMOTHY R
Address: 5811 PELICAN BAY BLVD., SUITE 500
City-St-Zip: NAPLES, FL 341082711

Title: VD ( ) Delete
Name: MIDKIFF, STEPHEN L
Address: 13695 US HIGHWAY 1
City-St-Zip: SEBASTIAN, FL 32958

Title: CNO (X) Delete
Name: BASSETT, KIMBERLY
Address: 5900 COLLEGE ROAD
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: PUTTER, JOSHUA S
Address: 809 EAST MARION AVENUE
City-St-Zip: PUNTA GORDA, FL 33950

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY R. PARRY SVPD 10/14/2005

Electronic Signature of Signing Officer or Director — Date