

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000011593

FILED  
Apr 15, 2008  
Secretary of State

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:**

5811 PELICAN BAY BLVD., STE. 500  
ATTN: LEGAL DEPT  
NAPLES, FL 341082711

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

**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

Election Campaign Financing Trust Fund Contribution ( ).

**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: BROWN, RON  
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: PUTTER, JOSHUA S  
Address: 809 EAST MARION AVENUE  
City-St-Zip: PUNTA GORDA, FL 33950

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

Title: AST (X) Delete  
Name: BRYAN, GARY S  
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500  
City-St-Zip: NAPLES, FL 34108

**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: MIDKIFF, STEPHEN L  
Address: 13695 US HIGHWAY 1  
City-St-Zip: SEBASTIAN, FL 32958

Title: CNO (X) Change ( ) Addition  
Name: GOELZ, GARY  
Address: 5900 COLLEGE ROAD  
City-St-Zip: KEY WEST, FL 33040

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

Electronic Signature of Signing Officer or Director

DVPS

04/15/2008

Date