

DOCUMENT # P99000047097

1. Entity Name

FLORIDA KEYS PHYSICIANS MANAGEMENT SERVICES, INC

Principal Place of Business

Mailing Address

7700 NORTH KENDALL DRIVE SUITE 405
MIAMI FL 331567700 NORTH KENDALL DRIVE SUITE 405
MIAMI FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEITMAN, LORN
7700 NORTH KENDALL DRIVE SUITE 405
MIAMI FL 33156

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEITMAN, LORN	
STREET ADDRESS	8120 SW 86 TERRACE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NATEMAN, HARRY R	
STREET ADDRESS	9700 CALUSA CLUB DRIVE EAST	
CITY-ST-ZIP	MIAMI FL 33188	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NATEMAN, DAVID R	
STREET ADDRESS	2851 SEMINOLE DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

205-225-8843

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

03-26-2001 90004 039 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0921306

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

CR2E034 (10/00)