

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000038154

**Entity Name:** NEW TRUMAN MEDICAL CENTER, P.A.

**Current Principal Place of Business:**

2505 FLAGLER AVE  
KEY WEST, FL 33040

**Current Mailing Address:**

2505 FLAGLER AVE  
KEY WEST, FL 33040

**FEI Number:** 45-5129165

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HAMILTON, AMANDA  
540 TRUMAN AVE  
KEY WEST, FL 33040 US

*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

**Officer/Director Detail :**

Title D  
Name SHAPIRO, GILBERT  
Address 2505 FLAGLER AVE  
City-State-Zip: KEY WEST FL 33040

Title D  
Name GERTH, ELIAS  
Address 2505 FLAGLER AVE  
City-State-Zip: KEY WEST FL 33040

Title D  
Name MACKEY, TIMOTHY  
Address 2505 FLAGLER AVE  
City-State-Zip: KEY WEST FL 33040

*I hereby 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 all other like empowered.*

**SIGNATURE:** ELIAS GERTH

**DIRECTOR**

**01/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date