

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35636

Entity Name: THE LOWER FLORIDA KEYS HEALTH SYSTEM, INC.

Current Principal Place of Business:

C/O ROBIN LOCKWOOD M.D.
5900 COLLEGE ROAD
KEY WEST, FL 33040

FILED
Jan 25, 2016
Secretary of State
CC6357128450

Current Mailing Address:

P.O. BOX 414586
MIAMI BEACH, FL 33141 US

FEI Number: 65-0163715

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOCKWOOD, ROBIN
18 ALLAMANDA TERRACE
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 PD
Name LOCKWOOD, ROBIN
Address 18 ALLAMANDA TERRACE
City-State-Zip: KEY WEST FL 33040

Title D
Name HAMILTON, HENRY
Address 5 COCONUT DRIVE
City-State-Zip: KEY WEST FL 33040

Title SD
Name CALLEJA, JOHN, MD
Address 1401 PETRONIA ST
City-State-Zip: KEY WEST FL 33040

Title D
Name CALL, NEIL
Address 1800 ATLANTIC BLVD
City-State-Zip: KEY WEST FL 33040

Title D
Name MOBLEY, ANNETTE
Address 1642 MORGAN COURT, APT 2
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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBIN LOCKWOOD

PD

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date