## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 763301** 

FILED Mar 13, 2006 Secretary of State

Entity Nar	me: KIRKMAI	N MEDICAL CENTER OWNER	S ASSOCIATION, INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	DHOVER DR ), FL 32819	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	ORP. NNING DRIVE PARK, FL 327				
FEI Number:	: 59-1741677	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
STE 2	NGTOY NNING DRIVE NRK, FL 32789	) US			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( KHANNA, ARO 5692 WINDHO ORLANDO, FL	VER DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( THAKOO, DEA 5686 WINDHO ORLANDO, FL	VER DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D ( HANANO, MAL	) Delete Fk	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARUN KHANNA PD 03/13/2006