


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90044 048 ***150.00

DOCUMENT # F93000003864 1. Entity Name MKLP, INC.	
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Principal Place of Business 3502 WOODVIEW TRACE SUITE 200 INDIANAPOLIS, IN 46268 US	Mailing Address 3502 WOODVIEW TRACE SUITE 200 INDIANAPOLIS, IN 46268 US
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50060253



08012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1893402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENBERG, PATRICIA E
 C/O NATIONAL HEALTHCARE ASSOCIATES, INC.
 999 PONCE DE LEON BLVD., SUITE 630
 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MCCOIN, O B 7101 EXECUTIVE CENTER DR., SUITE 2500 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD KLIPSCH, FRED S 3502 WOODVIEW TRACE STE 200 INDIANAPOLIS, IN 46208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KLIPSCH, MICHEAL F 3502 WOODVIEW TRACE STE 200 INDIANAPOLIS, IN 46268
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Michael F. Klipsch** 8/7/05 317-860-8214
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #