

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003864

FILED
Sep 06, 2006
Secretary of State

Entity Name: MKLP, INC.

Current Principal Place of Business:

3502 WOODVIEW TRACE
SUITE 200
INDIANAPOLIS, IN 46268 US

New Principal Place of Business:

Current Mailing Address:

3502 WOODVIEW TRACE
SUITE 200
INDIANAPOLIS, IN 46268 US

New Mailing Address:

FEI Number: 35-1893402 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

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 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: MCCOIN, O B
Address: 7101 EXECUTIVE CENTER DR., SUITE 2500
City-St-Zip: BRENTWOOD, TN 37027

Title: VPTD () Delete
Name: KLIPSCH, FRED S
Address: 3502 WOODVIEW TRACE STE 200
City-St-Zip: INDIANAPOLIS, IN 46208

Title: AS () Delete
Name: KLIPSCH, MICHEAL F
Address: 3502 WOODVIEW TRACE STE 200
City-St-Zip: INDIANAPOLIS, IN 46268

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: /KATHLEEN BURNS/

AS

09/06/2006

Electronic Signature of Signing Officer or Director

_____ Date