

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763301

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** KIRKMAN MEDICAL CENTER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5692 WINDHOVER DR  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

ORJAM CORP.  
P. O. BOX 1207  
OCOEE, FL 34761 US

**New Mailing Address:**

**FEI Number:** 59-3381909

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COOK, MINGTOY  
741 CITRUS COVE DRIVE  
OCOEE, FL 34761 US

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

COOK, MINGTOY  
2100 40TH STREET  
ORLANDO, FL 32839 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:

02/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KHANNA, ARON  
Address: 5692 WINDHOVER DRIVE  
City-St-Zip: ORLANDO, FL 32819

Title: D  
Name: THAKOOR, DEAN R  
Address: 5686 WINDHOVER DRIVE  
City-St-Zip: ORLANDO, FL 32819

Title: D  
Name: HANANO, MALEK  
Address: 5694 WINDHOVER DR  
City-St-Zip: ORLANDO, FL 32819

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: ARUN KHANNA

P

02/07/2011

Electronic Signature of Signing Officer or Director

Date