


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000023864 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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DO NOT WRITE IN THIS SPACE



07162004 No Chg-P CR2E034 (10/03)

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 refiling)
Signature, typed or printed name of registered agent and (date if applicable) _____ DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000168188 07/26/04-80003-019 550.00
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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, MICHAEL 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	

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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)(f), 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: *O B Mc C* **7/16/04** **615-376-9995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #