

**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.**



Principal Place of Business  
**3502 WOODVIEW TRACE  
SUITE 200  
INDIANAPOLIS, IN 46268 US**

Mailing Address  
**3502 WOODVIEW TRACE  
SUITE 200  
INDIANAPOLIS, IN 46268 US**

**50060253**



08012005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**35-1893402**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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-STATE-ZIP  
**PSD  
MCCOIN, O B  
7101 EXECUTIVE CENTER DR., SUITE 2500  
BRENTWOOD, TN 37027**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**VPTD  
KLIPSCH, FRED S  
3502 WOODVIEW TRACE STE 200  
INDIANAPOLIS, IN 46208**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**AS  
KLIPSCH, MICHAEL F  
3502 WOODVIEW TRACE STE 200  
INDIANAPOLIS, IN 46268**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael F. Klipsch**

Date

**8/8/05**

Daytime Phone #

**317-560-8244**