

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 2, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$295)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUL 11 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04490

(1)

1. Corporation Name

KISSIMMEE MULTISPECIALTY CLINIC CONDOMINIUM ASSO
CIATION, INC.

Principal Place of Business

Mailing Address

201 HILDA STREET, SUITE 30
KISSIMMEE FL 34741-2364

201 HILDA STREET, SUITE 30
KISSIMMEE FL 34741-2364

800001536168

-07/12/95--01001--004

****155.00 ****155.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1984

3a. Date of Last Report

02/01/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$0.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☐ FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAHA, ASIS K., MD
201 HILDA STREET, SUITE 10
KISSIMMEE FL 32741

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME OGLESBY, JAMES E MD
STREET ADDRESS 201 HILDA STREET, S-10
CITY - ST - ZIP KISSIMMEE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VD
NAME HOQUE, ANWARE, MD
STREET ADDRESS 201 HILDA STREET, S-15
CITY - ST - ZIP KISSIMMEE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D
NAME STAPP, NIEL
STREET ADDRESS 201 HILDA STREET, S-16
CITY - ST - ZIP KISSIMMEE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE STD
NAME WEDEL, EUGENE
STREET ADDRESS 200 HILDA STREET
CITY - ST - ZIP KISSIMMEE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature 11/1/95