

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N04490** (1)

1. Corporation Name

KISSIMMEE MULTISPECIALTY CLINIC CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**201 HILDA STREET, SUITE 30
KISSIMMEE FL 34741-2364**

Mailing Address

**201 HILDA STREET, SUITE 30
KISSIMMEE FL 34741-2364**

3. Date Incorporated or Qualified
08/01/1984

3a. Date of Last Report
07/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE **D** ☒ DELETE
NAME **STAPF, NIEL**
STREET ADDRESS **201 HILDA STREET, S-16**
CITY - ST - ZIP **KISSIMMEE FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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)(k), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)