2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90280 014 ****61.25

DOCUMENT # N04490

1. Entity Name
KISSIMMEE MULTISPECIALTY CLINIC CONDOMINIUM ASSOCIATION, INC.

94077045

Principal Place of Business	Mailing Address
201 HILDA STREET, SUITE 30 KISSIMMEE, FL 34741-2364	111 N ORLANDO AVENUE WINTER PARK, FL 32789-3675

01072004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
101 Park Place Blvd.	101 Park Place Blvd.
Suite, Apt. #, etc.: Suite 2	Suite, Apt. #, etc.: Suite 2
City & State: Kissimmee, FL	City & State: Kissimmee, FL
Zip: 34741 Country: USA	Zip: 34741 Country: USA

4. FEI Number 59-3539564 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRIMBLE, T.L. 111 N ORLANDO AVENUE WINTER PARK, FL 32789-3675	Name: ASSOCIATION MANAGEMENT GROUP OF CENTRAL FL, INC Street Address (P.O. Box Number is Not Acceptable): 101 PARK PLACE BLVD. SUITE 2 City: KISSIMMEE FL Zip Code: 34741

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OGLESBY, JAMES E MD 201 HILDA STREET, S-10 KISSIMMEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SAHA, ASIS MD 201 HILDA ST KISSIMMEE FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOQUE, ANWARE, MD 201 HILDA STREET, S-15 KISSIMMEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOQUE, ANWARE MD 201 HILDA ST KISSIMMEE FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BRADLEY, KENNETH 200 HILDA STREET KISSIMMEE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MR. HAUPT 201 HILDA ST KISSIMMEE FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS DE PRADA, ARIEL 111 N ORLANDO AVENUE WINTER PARK, FL 32789	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 617, 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: James E. Oglesby, MD — James E. Oglesby, MD — 4-28-04 — (407) 846-4877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #