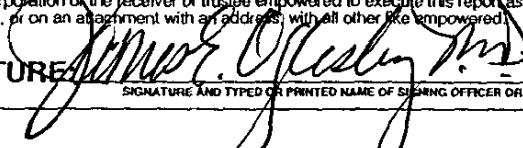


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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.					
Principal Place of Business 201 HILDA STREET, SUITE 30 KISSIMMEE, FL 34741-2364			Mailing Address 111 N ORLANDO AVENUE WINTER PARK, FL 32789-3675		
2. Principal Place of Business 101 Park Place Blvd. Suite, Apt. #, etc. Suite 2 City & State Kissimmee, FL Zip 34741			3. Mailing Address 101 Park Place Blvd. Suite, Apt. #, etc. Suite 2 City & State Kissimmee, FL Zip 34741		
Country USA			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 TRIMBLE, T.L. 111 N ORLANDO AVENUE WINTER PARK, FL 32789-3675			7. Name and Address of New Registered Agent 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		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4-28-04 (407) 846-4877		