2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N04490

Entity Name: KISSIMMEE MULTISPECIALTY CLINIC CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

101 PARK PLACE BLVD.
STE. 2
KISSIMMEE, FL 34741

New Principal Place of Business:

201 HILDA STREET
SUITE 30
KISSIMMEE, FL 34741

Current Mailing Address:

101 PARK PLACE BLVD.
STE. 2
KISSIMMEE, FL 34741

New Mailing Address:

201 HILDA STREET
SUITE 30
KISSIMMEE, FL 34741

FEI Number: 59-3539564 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASSCTION MGMT. GRP. OF CTRL FL., INC.
101 PARK PLACE BLVD.
STE. 2
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

TRIMBLE, TL
111 N. ORLANDO AVENUE
WINTER PARK, FL 327893675 US

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.

SIGNATURE: TL TRIMBLE 04/25/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: OGLESBY, JAMES E MD,
Address: 201 HILDA STREET, S-10
City-St-Zip: KISSIMMEE, FL

Title: TD ( ) Delete
Name: HOQUE, ANWARE, MD,
Address: 201 HILDA ST.
City-St-Zip: KISSIMMEE, FL

Title: SD ( ) Delete
Name: HAUPT, MR.
Address: 201 HILDA ST.
City-St-Zip: KISSIMMEE, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: OGLESBY, JAMES E MD,
Address: 201 HILDA STREET, S-10
City-St-Zip: KISSIMMEE, FL 34741

Title: TD (X) Change ( ) Addition
Name: HOQUE, ANWARE, MD,
Address: 201 HILDA STREET, S-15
City-St-Zip: KISSIMMEE, FL 34741

Title: SD (X) Change ( ) Addition
Name: HAUPT, BILL MR.
Address: 2450 NORTH ORANGE BLOSSOM TRAIL
City-St-Zip: KISSIMMEE, FL 34744

Title: VD ( ) Change (X) Addition
Name: SAHA, ASIS, MD,
Address: 201 HILDA STREET, S-10
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL HAUPT MR. 04/25/2005
Electronic Signature of Signing Officer or Director — Date