

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04490

FILED
May 30, 2006
Secretary of State

Entity Name: KISSIMMEE MULTISPECIALTY CLINIC CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

201 HILDA STREET
SUITE 30
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

201 HILDA STREET
SUITE 30
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-3539564 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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 34741

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DR. OGLESBY

PD

05/30/2006

Electronic Signature of Signing Officer or Director

Date