

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04490

FILED
Apr 13, 2010
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:

3264 GREENWALD WAY
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-3539564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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
Name: OGLESBY, JAMES E MD
Address: 201 HILDA STREET, S-10
City-St-Zip: KISSIMMEE, FL 34741

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: OGLESBY

PD

04/13/2010

Electronic Signature of Signing Officer or Director

Date