

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04490

FILED
Jan 06, 2012
Secretary of State

Entity Name: KISSIMMEE MULTISPECIALTY CLINIC CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

101 PARK PLACE BLVD.
SUITE 2
KISSIMMEE, FL 34741

New Principal Place of Business:

105 E. ROBINSON STREET
SUITE 540
ORLANDO, FL 32801

Current Mailing Address:

101 PARK PLACE BLVD.
SUITE 2
KISSIMMEE, FL 34741

New Mailing Address:

105 E. ROBINSON STREET
SUITE 540
ORLANDO, FL 32801

FEI Number: 59-3539564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSOCIATION MANAGEMENT GROUP OF CENTRAL FL
101 PARK PLACE BLVD.
SUITE 2
KISSIMMEE, FL 34741 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: BARRY, JOSEPH A
Address: 601 EAST ROLLINS ST.
City-St-Zip: ORLANDO, FL 32803

Title: VPD
Name: HOQUE, ANWARUL M 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: TD
Name: SAHA, ASIS K MD
Address: 201 HILDA STREET, S-10
City-St-Zip: KISSIMMEE, FL 34741

Title: D
Name: SCHOOLFIELD, CHERYL MS.
Address: 101 PARK PLACE BLVD., SUITE 3
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: JOSEPH A. BARRY

PD

01/06/2012

Electronic Signature of Signing Officer or Director

Date