

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 13, 2012
Secretary of State

DOCUMENT# N04490

Entity Name: KISSIMMEE MULTISPECIALTY CLINIC CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**105 E. ROBINSON STREET
SUITE 540
ORLANDO, FL 32801**New Principal Place of Business:****Current Mailing Address:**105 E. ROBINSON STREET
SUITE 540
ORLANDO, FL 32801**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:**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: LEVY, SANDY
Address: 1919 N. ORANGE AVE, SUITE E
City-St-Zip: ORLANDO, FL 32804

Title: D
Name: HOQUE, ANWARUL M MD
Address: 201 HILDA STREET, S-15
City-St-Zip: KISSIMMEE, FL 34741

Title: STD
Name: SELF, CHRIS
Address: 601 EAST ROLLINS STREET
City-St-Zip: ORLANDO, FL 32803

Title: VPD
Name: SHAH, AYYAS M MD
Address: 201 HILDA STREET, #38
City-St-Zip: KISSIMMEE, FL 32741

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: SANDY LEVY

PRES

04/13/2012

Electronic Signature of Signing Officer or Director

Date