

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90835 034 ****61.25

DOCUMENT # N04490

1. Entity Name

**KISSIMMEE MULTISPECIALTY CLINIC CONDOMINIUM ASSO
CIATION, INC.**



Principal Place of Business

**201 HILDA STREET, SUITE 30
KISSIMMEE FL 34741-2364**

Mailing Address

**111 N ORLANDO AVENUE
WINTER PARK FL 32789-3675**

~00000006

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3539564**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIMBLE, T.L.
111 N ORLANDO AVENUE
WINTER PARK FL 32789-3675**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	OGLESBY, JAMES E MD	201 HILDA STREET, S-10	KISSIMMEE FL				
VD	HOQUE, ANWARE, MD	201 HILDA STREET, S-15	KISSIMMEE FL				
STD	BRADLEY, KENNETH	200 HILDA STREET	KISSIMMEE FL				
AS	DE PRADA, ARIEL	111 N ORLANDO AVENUE	WINTER PARK FL 32789				

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Ariel De Prada

1/8/03

407-975-1413