

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000005411

FILED
Apr 23, 2009
Secretary of State

Entity Name: KISSIMMEE MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

505 W OAK STREET
SUITE 101
KISSIMMEE, FL 34741

New Principal Place of Business:

302 WEST BASS STREET
KISSIMMEE, FL 34741

Current Mailing Address:

505 W OAK STREET
SUITE 101
KISSIMMEE, FL 34741

New Mailing Address:

882 JACKSON AVENUE
WINTER PARK, FL 32789

FEI Number: 26-1468205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARVELO, GUSTAVO M.D.
505 WEST OAK STREET
SUITE 101
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

JORDAN, BRETT M
882 JACKSON AVENUE
WINTER PARK, FL 32789 US

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: BRETT M. JORDAN

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARVELO, GUSTAVO M.D.
Address: 505 W OAK STREET, SUITE 101
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: JIMENEZ, RAFAEL M.D.
Address: 804 ROSE AVENUE
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: CABRERA, FRANK
Address: 600 THACKER AVENUE, SUITE D-38
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ARVELO, GUSTAVO M.D.
Address: 505 W OAK STREET, SUITE 101
City-St-Zip: KISSIMMEE, FL 34741

Title: PD (X) Change () Addition
Name: JIMENEZ, RAFAEL M.D.
Address: 302 WEST BASS STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: S/T (X) Change () Addition
Name: ESTRADA, NAPOLEAN M.D.
Address: 320 WEST BASS
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify 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: BRETT M. JORDAN

AGEN

04/23/2009

Electronic Signature of Signing Officer or Director

Date