2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28747

FILED Jan 09, 2010 Secretary of State

Entity Name: OSCEOLA MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

801 W. OAK ST., #102

KISSIMMEE, FL 347416605 US

Current Mailing Address: New Mailing Address:

801 W. OAK ST., #102

KISSIMMEE, FL 347416605 US

FEI Number: 59-2960850 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ABDULLATIF, KASU M 8008 COTE CT

ORLANDO, FL 32836 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

JANARIOUS, FRANCIS B Name: Address: 801 W. OAK ST. #101 City-St-Zip: KISSIMMEE, FL 34741

Title:

Name: JANARIOUS, MARY K Address: 801 W. OAK ST #101 City-St-Zip: KISSIMMEE, FL 34741

Title:

MASSEY, JOHNSON P Name: Address: 9848 KILGORE RD City-St-Zip: ORLANDO, FL 32836

Title:

Name: MASSEY, MUSSARAT K 9848 KILGORE RD Address: City-St-Zip: ORLANDO, FL 32836

Title:

KASU, ABDULLATIF M Name: 8008 COTE COURT Address: ORLANDO, FL City-St-Zip:

Title:

KASU, SURAIYA A, A Name: Address: 8008 COTE COURT ORLANDO, FL City-St-Zip:

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: ABDULLATIF KASU TD 01/09/2010