

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000079774

FILED
Feb 05, 2009
Secretary of State

Entity Name: KIRKMAN MEDICAL CENTER, INC.

Current Principal Place of Business:

882 S. KIRKMAN ROAD
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

320 W. SABAL PALM PLACE
SUITE 300
LONGWOOD, FL 32779

New Mailing Address:

4943 CAINS WREN TRAIL
SANFORD, FL 32771

FEI Number: 26-3283863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STROGIS, ROBERT
320 W. SABAL PALM PLACE
SUITE 300
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

GUZMAN, MARIA
4943 CAINS WREN TRAIL
SANFORD, FL 32771 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: MARIA GUZMAN

02/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: SUBRAMANIAN, KANAKARAJ P
Address: 4943 CAINS WREN TRAIL
City-St-Zip: SANFORD, FL 32771

Title: DVP () Delete
Name: PILLAI, SRINIVASAN
Address: 4943 CAINS WREN TRAIL
City-St-Zip: SANFORD, FL 32771

Title: D/ST () Delete
Name: STROGIS, ROBERT
Address: 320 W. SABAL PALM PLACE, SUITE 300
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D/ST (X) Change () Addition
Name: GUZMAN, MARIA
Address: 4943 CAINS WREN TRAIL
City-St-Zip: SANFORD, FL 32771

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SRINIVASAN PILLAI

VP

02/05/2009

Electronic Signature of Signing Officer or Director

Date