05/10/1995 00:01 407-298-0660 A A ALI CPA

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Secretary of State
05-03-2004 90761 042 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000051039

1. Entity Name
KISSIMMEE MEDICAL CENTER, P.A.

Principal Place of Business	Mailing Address
810 N ROSE AVE KISSIMMEE, FL 34741	810 N ROSE AVE KISSIMMEE, FL 34741

14017793

04302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1910 WEST OAK ST	1910 WEST OAK ST
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: KISSIMMEE, FL	City & State: KISSIMMEE, FL
Zip: 34741 Country: U.S.A	Zip: 34741 Country: U.S.A

4. FEI Number: 59-3579858 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGH, SHANTI
14600 BRADDOCK OAKS DRIVE
ORLANDO, FL 32837

7. Name and Address of New Registered Agent

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 $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	SINGH, SHANTI	NAME	
STREET ADDRESS	810 N ROSE AVE	STREET ADDRESS	1910 WEST OAK ST
CITY-ST-ZIP	KISSIMMEE, FL 34741	CITY-ST-ZIP	KISSIMMEE, FL USA
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 607, 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.

X **SIGNATURE:** [signature] MD SHANTI SINGH 4-30-04 (407)343-4338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #