FROM :A A ALI CPA FAX NO. :4072980660

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Secretary of State
03-06-2008 90047 041 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000051039

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

Principal Place of Business	Mailing Address
1910 WEST OAK ST KISSIMMEE, FL 34741	1910 WEST OAK ST KISSIMMEE, FL 34741

66004614

02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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 changing) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SINGH, SHANTI
STREET ADDRESS	1910 WEST OAK ST
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained 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 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.

SIGNATURE: X [signature] 2/4/08 407-343-4538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #