

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04490

Entity Name: KISSIMMEE MULTISPECIALTY CLINIC CONDOMINIUM
ASSOCIATION, INC.

Current Principal Place of Business:

105 E. ROBINSON STREET
SUITE 200
ORLANDO, FL 32801

Current Mailing Address:

105 E. ROBINSON STREET
SUITE 200
ORLANDO, FL 32801 US

FEI Number: 59-3539564

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE BYWATER COMPANY
105 E. ROBINSON STREET
SUITE 200
ORLANDO, FL 32801 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PD
Name LEVY, SANDY
Address 1919 N. ORANGE AVE, SUITE E
City-State-Zip: ORLANDO FL 32804

Title VPD
Name SCHOOLFIELD, CHERYL MS.
Address 101 PARK PLACE BLVD., SUITE 3
City-State-Zip: KISSIMMEE FL 34741

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: SANDY LEVY

PD

03/02/2019

Electronic Signature of Signing Officer/Director Detail

_____ Date