

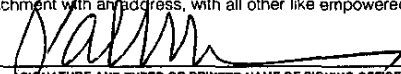


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 8:00 am**  
**Secretary of State**

01-15-2004 90005 030 \*\*\*\*61.25

<b>DOCUMENT # 712822</b>			
1. Entity Name WINTER PARK HEALTH FOUNDATION, INC.			
Principal Place of Business 1870 ALOMA Avenue SUITE 200 WINTER PARK, FL 32789 US		Mailing Address P.O. BOX 2647 <del>SUITE 202</del> WINTER PARK, FL 32790-2647 US	
2. Principal Place of Business 1870 Aloma Avenue Suite, Apt. #, etc. Suite 200 City & State Winter Park, FL Zip 32789		3. Mailing Address P.O. Box 2647 Suite, Apt. #, etc. City & State Winter Park Zip 32790-2647 Country US	
		01062004 Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-0669460	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MADDOX, PATRICIA A 1870 ALOMA AVENUE SUITE 200 WINTER PARK, FL 32789		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 		Patricia A. Maddox, President 1/7/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MADDOX, PATRICIA A 1870 ALOMA AVENUE, SUITE 200 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Ivan J. Castro 1855 Hollywood Ave. Winter Park, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEEN, ALLAN E 1031 W MORSE BLVD., STE 325 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Barbara DeVane 1035 Lakeview Drive Winter Park, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD POOLE, MICHAEL W 250 PARK AVENUE S., STE. 600 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD- Anne K. Fray 1031 W. Morse Blvd., Ste. 150 Winter Park, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD KELLEY, J DARRELL 485 N. KELLER ROAD, STE. 100 MAITLAND, FL 32751 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Joan Ruffier 722 Alba Drive Orlando, FL 32804 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OTIS, CLARENCE JR. 5900 LAKE ELLENOR DRIVE ORLANDO, FL 32809 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD John C. Hitt 4000 Central Florida Blvd. Orlando, FL 32816 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: 		1/7/04 407/644-2300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	