

2000 UNIFORM BUSINESS REPORT (UBR)

4/1/2000 10:15 AM

DOCUMENT # 756562

FILED
May 19, 2000 8:00 am
Secretary of State

04-14-2000 90116 019 ****61.25

Entity Name
WEST ORANGE HEALTH CARE FOUNDATION, INC.
Health Central

Principal Place of Business Mailing Address
 HEALTH CENTRAL 10000 W COLONIAL DR
 10000 W COLONIAL DR OCOEE FL 34761-3498
 OCOEE FL 34761 US



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-2091206 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RICHARD M
 W COLONIAL DR
 FL 34761

7. Name and Address of New Registered Agent
 Name *Pamela Gould*
 Street Address (P.O. Box Number is Not Acceptable)
10000 W Colonial Dr
 City *Ocoee* FL Zip Code *34761*

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE *4/3/00*

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TD	BELCHER, DAVID 10331 W COLONIAL DR OCOEE FL 32761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD	GORDON, BEVERLY 9114 GREAT HERON DR ORLANDO FL 32836	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
SD	PELEGRINI, LINDA 5230 FAIRWAY OAKS DR WINDERMERE FL 34786	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
VD	RUSTIN-JUDD, CATHY 5130 ISLEWORTH COUNTRY CLUB DR WINDERMERE FL 34786	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Delete	CHAIRPERSON TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Delete	VICE-CHAIR EILEEN NEUMAYER 3709 POMPANO CT. GOTHA, FL 34734
		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information 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 required, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pamela Gould* **REQUIRED** Date *4/3/00* 407-296-1812 Daytime Phone #

CR2E037 (9/99)