FILE NOW: FILING FEE IS $61.25

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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764547 (6)

1. Corporation Name
ORLANDO REGIONAL HEALTHCARE FOUNDATION, INC.

Principal Place of Business	Mailing Address
1405 ORANGE AVENUE 300 ORLANDO FL 32806-9093 US	1414 KUHL AVENUE % 1414 SOUTH KUHL AVE. ORLANDO FL 32806-2008 US

3. Date Incorporated or Qualified: 08/12/1982
3a. Date of Last Report: 06/26/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2244943 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STRACK, GARY
1414 SOUTH KUHL AVE.
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name: George F. Maynard, III
82 Street Address (P.O. Box Number is Not Acceptable): ORH Foundation
83: 1414 Kuhl Avenue
84 City: Orlando **FL** 85 Zip Code: 32806

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: George F. Maynard, III, Executive Vice President 3/31/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☒ DELETE	1.1 TITLE	CD	☐ Change ☒ Addition
NAME	HURT, RICHARD T		1.2 NAME	Lennard D. Greenbaum, M.D.	
STREET ADDRESS	401 SPRING VALLEY LANE		1.3 STREET ADDRESS	1414 Kuhl Avenue	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP	Orlando, FL 32806	
TITLE	VCD	☒ DELETE	2.1 TITLE	VCD	☐ Change ☒ Addition
NAME	SCHRIMSHER, J. S		2.2 NAME	Kelly Miller	
STREET ADDRESS	3340 CARLA STREET		2.3 STREET ADDRESS	7342 Woodknot Circle	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STRACK, GARY		3.2 NAME		
STREET ADDRESS	1414 S. KUHL AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	4.1 TITLE	ST	☐ Change ☒ Addition
NAME	BOZARD, JOHN W.		4.2 NAME	Bruce W. May	
STREET ADDRESS	1414 S. KUHL AVE.		4.3 STREET ADDRESS	390 N. Orange Avenue	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Orlando, FL 32802	
TITLE	EVP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MAYNARD, GEORGE F. (III)		5.2 NAME		
STREET ADDRESS	1414 S. KUHL AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	AMERMAN, DON R		6.2 NAME		
STREET ADDRESS	1112 SWEETBRIAR ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George F. Maynard, III 3/31/97 (407) 841-5194