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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **764547**

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 32806-9093 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	08/12/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2244943 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MAYNARD, GEORGE F III
ORH FOUNDATION
1414 KUHL AVE.
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☒ DELETE	1.1 TITLE	TD	☐ Change ☒ Addition
NAME	GREENBAUM, LENNARD D M.D.		1.2 NAME	RICH, PHILIP W.	
STREET ADDRESS	1414 KULH AVE.		1.3 STREET ADDRESS	931 TUSKAWILLA TR.	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VCD	☐ DELETE	2.1 TITLE	CD	☒ Change ☒ Addition
NAME	MILLER, KELLY		2.2 NAME		
STREET ADDRESS	7342 WOODKNOT CIR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	32835	
TITLE	PD	☒ DELETE	3.1 TITLE	PD	☐ Change ☒ Addition
NAME	MAYNARD, GEORGE F III		3.2 NAME	BOZARD, JOHN W.	
STREET ADDRESS	1414 S. KUHL AVE.		3.3 STREET ADDRESS	1414 KUHL AVE.	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	ST	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	MAY, BRUCE W		4.2 NAME	JOHNSON, KATHY P.	
STREET ADDRESS	390 N. ORANGE AE.		4.3 STREET ADDRESS	3260 LAKE SHORE DR.	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	AMERMAN, DON R		5.2 NAME		
STREET ADDRESS	1112 SWEETBRIAR ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	32806	
TITLE		☐ DELETE	6.1 TITLE	VCD	☐ Change ☒ Addition
NAME			6.2 NAME	BROWN, CLARENCE H., III, MD	
STREET ADDRESS			6.3 STREET ADDRESS	1413 GLEN EAGLES WAY	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	ORLANDO FL 32804	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: [signature] **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] OFFICER OR DIRECTOR — Date — Daytime Phone #