2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004
Secretary of State

DOCUMENT# 764547

Entity Name: ORLANDO REGIONAL HEALTHCARE FOUNDATION, INC.

Current Principal Place of Business:

1405 SOUTH ORANGE AVENUE
300
ORLANDO, FL 328069093 US

New Principal Place of Business:

1405 SOUTH ORANGE AVENUE
SUITE 300
ORLANDO, FL 328069093 US

Current Mailing Address:

ORLANDO REGIONAL HEALTHCARE
PO BOX 562008
ORLANDO, FL 328562008 US

New Mailing Address:

ORLANDO REGIONAL HEALTHCARE
1405 SOUTH ORANGE AVENUE - SUTIE 300
ORLANDO, FL 328562008 US

FEI Number: 59-2244943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOZARD, JOHN W
ORH FOUNDATION
1414 KUHL AVE.
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	RICH, PHILIP W	
Address:	931 TUSKAWILLA TR	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	CD	( ) Delete
Name:	MILLER, KELLY	
Address:	7342 WOODKNOT CIR.	
City-St-Zip:	ORLANDO, FL	
Title:	PD	( ) Delete
Name:	BOZARD, JOHN W	
Address:	1414 S. KUHL AVE.	
City-St-Zip:	ORLANDO, FL 32806	
Title:	S	( ) Delete
Name:	JOHNSON, KATHY P	
Address:	3260 LAKE SHORE DR	
City-St-Zip:	ORLANDO, FL 32803	
Title:	D	( ) Delete
Name:	AMMERMAN, DON R	
Address:	1112 SWEETBRIAR ROAD	
City-St-Zip:	ORLANDO, FL 32806	
Title:	VCD	( ) Delete
Name:	BROWN, CLARENCE H III MD	
Address:	1413 GLEN EAGLES WAY	
City-St-Zip:	ORLANDO, FL 32804	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MILLER, KELLY	
Address:	7342 WOODKNOT CIR.	
City-St-Zip:	ORLANDO, FL	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CD	(X) Change ( ) Addition
Name:	BROWN, CLARENCE H III MD	
Address:	1413 GLEN EAGLES WAY	
City-St-Zip:	ORLANDO, FL 32804	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CLARENCE H. BROWN III, MD CD 01/15/2004

Electronic Signature of Signing Officer or Director — Date