2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# 764547

Entity Name: ORLANDO REGIONAL HEALTHCARE FOUNDATION, INC.

Current Principal Place of Business:

3160 SOUTHGATE COMMERCE BLVD.
SUITE 50
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

ORLANDO REGIONAL HEALTHCARE
3160 SOUTHGATE COMMERCE BLVD., SUITE 50
ORLANDO, FL 32806 US

New Mailing Address:

3160 SOUTHGATE COMMERCE BLVD
SUITE 50
ORLANDO, FL 32806 US

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

Name and Address of Current Registered Agent:

BOZARD, JOHN W
ORH FOUNDATION
3160 SOUTHGATE COMMERCE BLVD., SUITE 50
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

BOZARD, JOHN W
3160 SOUTHGATE COMMERCE BLVD
SUITE 50
ORLANDO, FL 32806 US

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: _____ 04/10/2006
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: D ( ) Delete
Name: MILLER, KELLY
Address: 7342 WOODKNOT CIR.
City-St-Zip: ORLANDO, FL

Title: PD ( ) Delete
Name: BOZARD, JOHN W
Address: 3160 SOUTHGATE COMMERCE BLVD., SUITE 50
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: CD ( ) Delete
Name: BROWN, CLARENCE H III MD
Address: 911 NORTH ORANGE AVE. #315
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change ( ) Addition
Name: RICH, PHILIP W
Address: 931 TUSKAWILLA TR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MS (X) Change ( ) Addition
Name: MILLER, KELLY
Address: 7342 WOODKNOT CIR.
City-St-Zip: ORLANDO, FL 32835

Title: MR (X) Change ( ) Addition
Name: BOZARD, JOHN W
Address: 3160 SOUTHGATE COMMERCE BLVD., SUITE 50
City-St-Zip: ORLANDO, FL 32806

Title: MS (X) Change ( ) Addition
Name: JOHNSON, KATHY P
Address: 3260 LAKE SHORE DR
City-St-Zip: ORLANDO, FL 32803

Title: MR (X) Change ( ) Addition
Name: AMMERMAN, DON R
Address: 1112 SWEETBRIAR ROAD
City-St-Zip: ORLANDO, FL 32806

Title: DR (X) Change ( ) Addition
Name: BROWN, CLARENCE H III MD
Address: 911 NORTH ORANGE AVE. #315
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CHRISTOPHER L MILLER MR 04/10/2006
Electronic Signature of Signing Officer or Director — Date