2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 08, 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:

3160 SOUTHGATE COMMERCE BLVD
SUITE 50
ORLANDO, FL 32806 US

New Mailing Address:

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
3160 SOUTHGATE COMMERCE BLVD
SUITE 50
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:	MR	( ) Delete
Name:	RICH, PHILIP W	
Address:	931 TUSKAWILLA TR	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	MS	( ) Delete
Name:	MILLER, KELLY	
Address:	7342 WOODKNOT CIR.	
City-St-Zip:	ORLANDO, FL 32835	
Title:	MR	( ) Delete
Name:	BOZARD, JOHN W	
Address:	3160 SOUTHGATE COMMERCE BLVD., SUITE 50	
City-St-Zip:	ORLANDO, FL 32806	
Title:	MS	( ) Delete
Name:	JOHNSON, KATHY P	
Address:	3260 LAKE SHORE DR	
City-St-Zip:	ORLANDO, FL 32803	
Title:	MR	( ) Delete
Name:	AMMERMAN, DON R	
Address:	1112 SWEETBRIAR ROAD	
City-St-Zip:	ORLANDO, FL 32806	
Title:	DR	( ) 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:	T	(X) Change ( ) Addition
Name:	RICH, PHILIP W	
Address:	931 TUSKAWILLA TR	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	S	(X) Change ( ) Addition
Name:	SMITH, KENNETH M	
Address:	649 LAKE HARBOR CIRCLE	
City-St-Zip:	ORLANDO, FL 32809	
Title:	PD	(X) Change ( ) Addition
Name:	BOZARD, JOHN W	
Address:	3160 SOUTHGATE COMMERCE BLVD., SUITE 50	
City-St-Zip:	ORLANDO, FL 32806	
Title:	V	(X) Change ( ) Addition
Name:	JOHNSON, KATHY P	
Address:	3260 LAKE SHORE DR	
City-St-Zip:	ORLANDO, FL 32803	
Title:	CD	(X) Change ( ) Addition
Name:	ALEXANDER, GREGOR C MD	
Address:	466 HENKEL CIRCLE	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	D	(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 MILLER D 12/08/2006

Electronic Signature of Signing Officer or Director — Date