

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764547

FILED
Feb 08, 2008
Secretary of State

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:

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
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: T () Delete
Name: RICH, PHILIP W
Address: 931 TUSKAWILLA TR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S () Delete
Name: SMITH, KENNETH M
Address: 649 LAKE HARBOR CIRCLE
City-St-Zip: ORLANDO, FL 32809

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

Title: V () Delete
Name: JOHNSON, KATHY P
Address: 3260 LAKE SHORE DR
City-St-Zip: ORLANDO, FL 32803

Title: CD () Delete
Name: ALEXANDER, GREGOR C MD
Address: 466 HENKEL CIRCLE
City-St-Zip: WINTER PARK, FL 32789

Title: D () 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SMITH, KENNETH M
Address: 5107 TILDENS GROVE BLVD
City-St-Zip: WINDERMERE, FL 34786

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

Title: V (X) Change () Addition
Name: JOHNSON, KATHY P
Address: 735 ALBA DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BROWN, CLARENCE H III MD
Address: 901 OAK STREET
City-St-Zip: ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify 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

02/08/2008

Electronic Signature of Signing Officer or Director

Date