2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# 764547

Entity Name: ORLANDO HEALTH 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:

1414 KUHL AVENUE
MP 2
ORLANDO, FL 32806 US

New Mailing Address:

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: V
Name: RICH, PHILIP W
Address: 931 TUSKAWILLA TR
City-St-Zip: WINTER SPRINGS, FL 32708

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

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

Title: CD
Name: JOHNSON, KATHY P
Address: 735 ALBA DRIVE
City-St-Zip: ORLANDO, FL 32804

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN BOZARD PD 02/16/2011

Electronic Signature of Signing Officer or Director Date