

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764547

Entity Name: ORLANDO HEALTH FOUNDATION, INC.

Current Principal Place of Business:

3160 SOUTHGATE COMMERCE BLVD.
SUITE 50
ORLANDO, FL 32806

Current Mailing Address:

1414 KUHLE AVENUE
MP 2
ORLANDO, FL 32806 US

FEI Number: 59-2244943

Certificate of Status Desired: No

Name and Address of Current 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C
Name RICH, PHILLIP W
Address 931 TUSKAWILLA TRAIL
City-State-Zip: WINTER PARK FL 32708

Title TD
Name MILLER, KELLY
Address 7342 WOODKNOT COURT
City-State-Zip: ORLANDO FL 32835

Title D
Name SITARIK, SHERRIE
Address 320 HEMMINGWAY COURT
City-State-Zip: OVIEDO FL 32765

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

Title D
Name BROWN, CLARENCE HIII, MD
Address 901 OAK STREET
City-State-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

PRES

04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date