**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 11, 2018**
**Secretary of State**
**CC0941744705**

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 KUHL 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 | DIRECTOR |
| Name | GARRETT, M. KATHRYN |
| Address | 1414 KUHL AVE |
| City-State-Zip: | ORLANDO FL 32806 |

| | |
|---|---|
| Title | TD |
| Name | EASTERLING, PHILLIPS A |
| Address | 1414 KUHLAVE |
| City-State-Zip: | ORLANDO FL 32806 |

| | |
|---|---|
| Title | CHAIRMAN, DIRECTOR |
| Name | MCCREE, RICHARD T. |
| Address | 1414 KUHL AVENUE |
| City-State-Zip: | ORLANDO FL 32806 |

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|---|---|
| Title | VC, DIRECTOR |
| Name | DILLARD , BILL |
| Address | 1414 KUHL AVE |
| City-State-Zip: | ORLANDO FL 32806 |

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

| | |
|---|---|
| Title | DIRECTOR |
| Name | ALEXANDER, GREGOR M.D. |
| Address | 1414 KUHL AVENUE |
| City-State-Zip: | ORLANDO FL 32806 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | HAKIM, JAMAL M.D. |
| Address | 1414 KUHL AVENUE |
| City-State-Zip: | ORLANDO FL 32806 |

| | |
|---|---|
| Title | SECRETARY, DIRECTOR |
| Name | KELSEY, R. BROCK |
| Address | 1414 KUHL AVE |
| City-State-Zip: | ORLANDO FL 32806 |

*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 D, P 04/11/2018

Electronic Signature of Signing Officer/Director Detail — Date