SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 561747

ORLANDO OUT-PATIENT MEDICAL CLINIC, INC.

Principal Place	e of Business	Mailing Address			1 100101 01140 01101 1001 1001 0101 1	ING NINGS NENDS NINGS NANGS NANGS NINGS (188)
\$500 ALHAMBRA DRIVE 5500 ALHAMBRA DRIVE ORLANDO FL 32808 ORLANDO FL 32808						
					3. Date Incorporated or Qualified 03/10/1978	3a. Date of Last Report 05/01/1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt #, etc		and the second second second second	Suite, Apt. #, etc.		59-1803681	Not Applicable \$8.75 Additional
22	, atc	27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 мау Ве
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation has liability for	¬
24	25 9. Name and Address of Curre	29	30		Florida Statutes 10. Name and Address of New Ro	Yes No
		ent Negistered Agent		31 Name	TO. Name and Adoress of New Fi	egistereo Agent
	RDO, FERNANDO D MD		ļ.	S	150.6	
	OO ALHAMBRA DRIVE		'	Street Add	dress (P.O. Box Number is Not Acceptal	DIO)
UK	LANDO FL 32808		Ī	93		
			- h	34 City		85 Zip Code
			['	City		FL S Zip Code
office or re	to the provisions of Sections 607.05(registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change wa	as authorized l	by the corporat	poration submits this statement for the price tion's board of directors. I hereby acceptions	ourpose of changing its registered at the appointment as registered
SIGNATURE						
40	Signature typed or printed name of eightered ag	·	(NOTE Registered	Agent sig vature requ	and when reinstating) ADDITIONS/CHANGES TO OFFI	CEDS AND DIGEOTORS IN 18
TITLE	PD OFFICERS AI	ND DIRECTORS DELETE		<u> </u>	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Additio
NAME	SORDO, FERNANDO D.		1.2 NAM			onsigo reserve
STREET ADDRESS	10118 8TH ST			EET ADDRESS		
CITY-ST-ZIP	GOTHA FL			r - ST - ZIP		
TITLE	S	DELETE				Change Additio
NAME	SORDO, GLORIA T		2 2 NA	AE		
STREET ADDRESS	11748 BROAD OAK CT.		2.3 STR	EET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	·····		Y-ST-ZIP		2-
TITLE	<u> </u>	DELETE				K Change Additio
NAME	THOMAS, MARIA S.		3 2 NAM	^{/E} F	O BOX 803 10118	8th Street,
STREET ADDRESS	1110 LAKE BLANCHE DR. ORLANDO FL			EET ADDRESS	OTHA, FL 34734	NA
CITY-ST-ZIP TITLE	UNLANDO FL	DELETE	4 1 TIT		, orini	Change Addition
NAME		C.1 -2344.4	4 2 NA	·		
STREET ADDRESS				EET ADORESS		
CiTY+ST-ZiP				Y - ST - ZIP		
TITLE		DELETE	5 1 Tifi	.f		Change Additio
NAME			5 2 NAI	dE .		
STREET ADDRESS			5 3 S I F	IEF1 ADDRESS		
CITY-ST-ZIP				Y - S1 - ZIP		·····
TITLE		☐ DECETE				Change Addition
NAMÉ			6 2 NAI	1		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP 14. Ldo herel	by certify that the information supplied	ied with this filing is voluntari		Y-ST-ZIP id does not au	alify for the exemption stated in Section	119 07(3)(k), Florida Statutes I
further ce made und	ertify that the information indicated o	on this annual report or suppli plor of the corporation or the	lemental annua receiver or tru	al report is true stee empowere	and accurate and that my signature sh ed to execute this report as required by	all have the same legal effect as if
ŕ	(Hz)	DILLA BALLO			Sordo MD 07-15-	06 (1107) 200 12
SIGNAT		OR DOUBLE OF THE PARTY OF THE P				96 (407) 298-13
	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFF	HER OR DIRECTO	n	CLEA	Congresse and control as