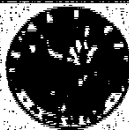


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714103 (9)

1. Corporation Name

ORANGE COUNTY MEDICAL SOCIETY OF FLORIDA, INCORPORATED

Principal Place of Business

Mailing Address

C/O RONNIE FITZWATER
1851 W COLONIAL DR A #200
ORLANDO FL 32804

C/O RONNIE FITZWATER
1851 W COLONIAL DR A #200
ORLANDO FL 32804

APPROVED
AND
FILED

95 MAY -1 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1968

3a. Date of Last Report

05/01/1994

4. FEI Number

59-0746887

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FITZWATER, RONNIE L
1851 W COLONIAL DR A #200
ORLANDO FL 32804

81 Name

ALLAN J. JONES

82 Street Address (P.O. Box Number is Not Acceptable)

1851 W. COLONIAL DR, SUITE 200

83

84 City
ORLANDO

FL

85 Zip Code
32804

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

ALLAN J. JONES

April 24, 1995

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	FARRELL, JAMES F
STREET ADDRESS	1814 LUCERNE TERRACE
CITY - ST - ZIP	ORLANDO FL
TITLE	VPD
NAME	SHEA, J. DARRELL M
STREET ADDRESS	1205 WINDSONG RD
CITY - ST - ZIP	ORLANDO FL
TITLE	SD
NAME	BAXLEY, RICHARD D
STREET ADDRESS	3724 EDGEWATER DRIVE
CITY - ST - ZIP	ORLANDO FL
TITLE	PD
NAME	DUBBIN, CLIFFORD B
STREET ADDRESS	3445 MAGUIRE RD
CITY - ST - ZIP	WINDERMERE FL
TITLE	D
NAME	NEDER, GEROGE A
STREET ADDRESS	1241 SPRING LAKE DR
CITY - ST - ZIP	ORLANDO FL
TITLE	PED
NAME	BUTLER, MICHAEL B
STREET ADDRESS	201 MAGNOLIA LAKE DRIVE
CITY - ST - ZIP	LONGWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	☒ Change ☐ Addition
1.2 NAME	FARRELL, JAMES F.	
1.3 STREET ADDRESS	1814 LUCERNE TERRACE	
1.4 CITY - ST - ZIP	ORLANDO, FL 32804	
2.1 TITLE	S	☐ Change ☒ Addition
2.2 NAME	HOLLOMB, ALLEN K.	
2.3 STREET ADDRESS	1957 W. COLONIAL DR	
2.4 CITY - ST - ZIP	ORLANDO, FL 32804	
3.1 TITLE	BAXLEY, RICHARD	☒ Change ☐ Addition
3.2 NAME	REMOVE	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	DUBBIN, CLIFFORD	☒ Change ☐ Addition
4.2 NAME	REMOVE	
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	NEDER, GEROGE	☒ Change ☐ Addition
5.2 NAME	REMOVE	
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	P.D	☒ Change ☐ Addition
6.2 NAME	BUTLER, MICHAEL B	
6.3 STREET ADDRESS	1851 W. COLONIAL DR.	
6.4 CITY - ST - ZIP	ORLANDO, FL 32804	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MICHAEL B BUTLER

4/26/95

407-841-6267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #