FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714103 (9)

1. Corporation Name
ORANGE COUNTY MEDICAL SOCIETY OF FLORIDA, INCORP ORATED

DO NOT WRITE IN THIS SPACE

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

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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	VPD	☒ Change ☐ Addition
NAME	FARRELL, JAMES F	1.2 NAME	FARRELL, JAMES F.	
STREET ADDRESS	1814 LUCERNE TERRACE	1.3 STREET ADDRESS	1851 W. COLONIAL DRIVER	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	VPD	2.1 TITLE	S	☐ Change ☒ Addition
NAME	SHEA, J. DARRELL M	2.2 NAME	HOLCOMB, ALLEN K.	
STREET ADDRESS	1205 WINDSONG RD	2.3 STREET ADDRESS	1851 W. COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	SD	3.1 TITLE		☒ Change ☐ Addition
NAME	BAXLEY, RICHARD D	3.2 NAME	BAXLER, RICHARD	
STREET ADDRESS	3724 EDGEWATER DRIVE	3.3 STREET ADDRESS	REMOVE	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE		☒ Change ☐ Addition
NAME	DUBBIN, CLIFFORD B	4.2 NAME	DUBBIN, CLIFFORD	
STREET ADDRESS	3445 MAGUIRE RD	4.3 STREET ADDRESS	REMOVE	
CITY-ST-ZIP	WINDERMERE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	NEDER, GEROGE A	5.2 NAME	NEDER, GEORGE	
STREET ADDRESS	1241 SPRING LAKE DR	5.3 STREET ADDRESS	REMOVE	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP		
TITLE	PED	6.1 TITLE	P.D	☒ Change ☐ Addition
NAME	BUTLER, MICHAEL B	6.2 NAME	BUTLER, MICHAEL B	
STREET ADDRESS	201 MAGNOLIA LAKE DRIVE	6.3 STREET ADDRESS	1851 W. COLONIAL DR.	
CITY-ST-ZIP	LONGWOOD FL	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 119.07(3)(i), 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 Butler MB — 4/26/95 — 407-841-6267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL B BUTLER

0004266