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Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

1851 WEST COLONIAL DRIVE
SUITE 200
ORLANDO FL 32804
US1851 WEST COLONIAL DRIVE
SUITE 200
ORLANDO FL 32804-7044
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified
02/15/19683a. Date of Last Report
02/07/19964. FEI Number
59-0746887Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOY, DONALD F JR
1851 WEST COLONIAL DRIVE
SUITE 200
ORLANDO FL 32804

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHEA, J D	
STREET ADDRESS	1851 WEST COLONIAL DRIVE, SUITE 200	
CITY-ST-ZIP	ORLANDO FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES F. FARRELL	
1.3 STREET ADDRESS	1851 W. COLONIAL DRIVE, SUITE 200	
1.4 CITY-ST-ZIP	ORLANDO, FL 32804	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BARNES, C D	
STREET ADDRESS	1851 WEST COLONIAL DRIVE, SUITE 200	
CITY-ST-ZIP	ORLANDO FL	

2.1 TITLE	PRES ELECT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BASISHI, GOPAL K	
STREET ADDRESS	1851 WEST COLONIAL DRIVE, SUITE 200	
CITY-ST-ZIP	ORLANDO FL	

3.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FRANK H. STIEG, III	
3.3 STREET ADDRESS	1851 W. COLONIAL DRIVE, SUITE 200	
3.4 CITY-ST-ZIP	ORLANDO, FL 32804	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, GENNETT	
STREET ADDRESS	1851 WEST COLONIAL DRIVE, SUITE 200	
CITY-ST-ZIP	ORLANDO FL	

4.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VICTOR L. ROBERTS	
5.3 STREET ADDRESS	1851 W. COLONIAL DR. SUITE 200	
5.4 CITY-ST-ZIP	ORLANDO, FL 32804	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DONALD F. FOY, JR.	
6.3 STREET ADDRESS	1851 W. COLONIAL DR, SUITE 200	
6.4 CITY-ST-ZIP	ORLANDO, FL 32804	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

DONALD F. FOY, JR.

OFFICER OR DIRECTOR

3/7/97 407-841-6267 x13

Date Daytime Phone # 0018343

CR2E037 (9/96)