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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714103

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

Principal Place of Business	Mailing Address
~~1851 WEST COLONIAL DRIVE~~ ~~SUITE 200~~ ~~ORLANDO FL 32804~~ US	~~1851 WEST COLONIAL DRIVE~~ ~~SUITE 200~~ ~~ORLANDO FL 32804~~ US

2. Principal Place of Business	2a. Mailing Address
21 2304 Aloma Ave	26 2304 Aloma Ave.
Suite, Apt. #, etc. 22 100	Suite, Apt. #, etc. 27 100
City & State 23 Winter Park, FL	City & State 28 Winter Park, FL
Zip / Country 24 32792 25 US	Zip / Country 29 32792 30 US

3. Date Incorporated or Qualifed: 02/15/1968

4. FEI Number: 59-0746887 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2304 Aloma Avenue
83 Suite 100
84 City: Winter Park FL 85 Zip Code: 32792

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: DONALD F. FOY, JR. D 4-14-99
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	T	☐ DELETE	1.1 TITLE	S	☑ Change ☐ Addition
NAME	HARDING, DAVID R.		1.2 NAME		
STREET ADDRESS	1851 W. COLONIAL DRIVE, SUITE 200		1.3 STREET ADDRESS	2304 Aloma Ave, Ste 100	
CITY-ST-ZIP	ORLANDO FL 32804		1.4 CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	PD	☑ DELETE	2.1 TITLE	~~T~~	☐ Change ☑ Addition
NAME	BARNES, C D		2.2 NAME	Ian T. Nathanson	
STREET ADDRESS	1851 WEST COLONIAL DRIVE, SUITE 200		2.3 STREET ADDRESS	2304 Aloma Ave, ste 100	
CITY-ST-ZIP	ORLANDO FL 32804		2.4 CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	PE	☐ DELETE	3.1 TITLE	PD	☑ Change ☐ Addition
NAME	STIEG, FRANK H. III		3.2 NAME		
STREET ADDRESS	1851 W. COLONIAL DRIVE, SUITR 200		3.3 STREET ADDRESS	2304 Aloma Ave, Ste 100	
CITY-ST-ZIP	ORLANDO FL 32804		3.4 CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	VP	☐ DELETE	4.1 TITLE	PE	☑ Change ☐ Addition
NAME	JOHNSON, GENNETT		4. 2 NAME		
STREET ADDRESS	1851 WEST COLONIAL DRIVE, SUITE 200		4.3 STREET ADDRESS	2304 Aloma Ave, Ste 100	
CITY-ST-ZIP	ORLANDO FL 32804		4.4 CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	S	☐ DELETE	5.1 TITLE	VP	☑ Change ☐ Addition
NAME	ROBERTS, VICTOR L.		5.2 NAME		
STREET ADDRESS	1851 W. COLONIAL DRIVE, SUITE 200		5.3 STREET ADDRESS	2304 Aloma Ave, Ste. 100	
CITY-ST-ZIP	ORLANDO FL 32804		5.4 CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	D	☐ DELETE	6.1 TITLE	D	☑ Change ☐ Addition
NAME	FOY, DONALD F.		6.2 NAME		
STREET ADDRESS	1851 W. COLONAL DR., SUITE 200		6.3 STREET ADDRESS	2304 Aloma Ave, Ste. 100	
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP	Winter Park, FL 32792	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: D SIGNATURE DONALD F. FOY, JR. 4-14-99 (407) 622-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #