2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

				F	FILED		
DOCUI 1. Entity Nam	MENT # 714103	May 26,	May 26, 2000 8:00 am				
ORANGE	COUNTY MEDICAL SOCIE	TY OF FLORIDA,	INC.		ry of Sta		
Principal Plac	e of Business	Mailing Address					
2304 Al Suite l	oma Avenue	2304 Aloma Ave Suite 100 Winter Park, F					
Principal Place of Business 3. Mailing Address				-		٠	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State	9	City & State		4. FEI Number 59–0746887	No	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	See Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Reg	istered Agent		
220/. 47	Loma Avenue			Kim Williams			
Suite l			Street Addre	ess (P.O. Box Number is Not Acceptable)		· <u></u> -	
winter	rark, FL 32/92		City		FL Zip Code	<u></u> e	
SIGNATURE .	Signal be typed or printed name of registered agent a FILE NOW: FEE IS \$61.25		E: Registered Agent signature re	55.00 May Be dded to Fees Department	Check Payable to		
10.	OFFICERS AND DIF		11.	ADDITIONS/CHANGES TO OFFICERS	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Johnson, Gennett 2304 Aloma Avenue, Winter Park, FL 32	□ Delete Suite 100 792	TITLE NAME STREET ADDRESS CHY-ST-ZIP	•	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roberts, Victor L. 2304 Aloma Avenue,	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP , Harding, David R. 2304 Aloma Avenue,		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Winter Park, FL 32 S. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS	Winter Park, FL 32 T Poole, David 2304 Aloma Avenue,	☐ Delete	TITLE NAME STREET ADDRESS	-	Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Winter Park, FL 32 D Stieg, Frank 2304 Aloma Avenue, Winter Park, FL 32	792	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Change	Addition	
indicated of the cor	on this coport or examinmental report is	true and accurate and that rowered to execute this report	ny signature shall have as required by Chapter	in Section 119.07(3)(i), Florida Statutes. If the same legal effect as if made under oa r 617, Florida Statutes; and that my name of	ith·that Lam an οπicer	or airector i	

Orange County Medical Society of Florida, Inc.

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