

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714103

**FILED**  
**Apr 26, 2004**  
**Secretary of State****Entity Name:** ORANGE COUNTY MEDICAL SOCIETY OF FLORIDA, INCORPORATED**Current Principal Place of Business:**901 N. LAKE DESTINY DRIVE  
STE 385  
MAITLAND, FL 32751 US**New Principal Place of Business:****Current Mailing Address:**901 N. LAKE DESTINY DRIVE  
STE 385  
MAITLAND, FL 32751 US**New Mailing Address:****FEI Number:** 59-0746887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SCHAFER, MICHAEL R.  
800 S ORLANDO AVENUE  
STE 100  
MAITLAND, FL 32751**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** HARDING, DAVID R  
**Address:** 901 N. LAKE DESTINY DRIVE, SUITE 385  
**City-St-Zip:** MAITLAND, FL 32751**Title:** P ( ) Delete  
**Name:** NATHANSON, IAN T  
**Address:** 901 N. LAKE DESTINY DRIVE, SUITE 385  
**City-St-Zip:** MAITLAND, FL 32751**Title:** S ( ) Delete  
**Name:** GREENBERG, HAROLD L  
**Address:** 235 S MAITLAND AVENUE  
**City-St-Zip:** MAITLAND, FL 32751**Title:** T ( ) Delete  
**Name:** ELLIS, GEORGE  
**Address:** 901 N. LAKE DESTINY DRIVE, SUITE 385  
**City-St-Zip:** MAITLAND, FL 32751**Title:** D ( ) Delete  
**Name:** NASH, CYNTHIA B  
**Address:** 901 N LAKE DESTINY DR., #385  
**City-St-Zip:** MAITLAND, FL 32751**Title:** VP ( ) Delete  
**Name:** POOLE, DAVID  
**Address:** 773 DOUGLAS AVENUE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** T (X) Change ( ) Addition  
**Name:** EINHORN, ARNOLD M  
**Address:** 901 N. LAKE DESTINY DRIVE, SUITE 385  
**City-St-Zip:** MAITLAND, FL 32751**Title:** D (X) Change ( ) Addition  
**Name:** NATHANSON, IAN T  
**Address:** 901 N. LAKE DESTINY DRIVE, SUITE 385  
**City-St-Zip:** MAITLAND, FL 32751**Title:** D (X) Change ( ) Addition  
**Name:** GREENBERG, HAROLD L  
**Address:** 235 S MAITLAND AVENUE  
**City-St-Zip:** MAITLAND, FL 32751**Title:** S (X) Change ( ) Addition  
**Name:** ELLIS, GEORGE  
**Address:** 901 N. LAKE DESTINY DRIVE, SUITE 385  
**City-St-Zip:** MAITLAND, FL 32751**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** P (X) Change ( ) Addition  
**Name:** POOLE, DAVID  
**Address:** 773 DOUGLAS AVENUE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA B. NASH

D

04/26/2004

Electronic Signature of Signing Officer or Director

Date