

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714103

FILED
Apr 24, 2006
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 US

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: T () Delete
Name: MICKLAVZINA, CONNIE D MD
Address: 901 N. LAKE DESTINY DRIVE, SUITE 385
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: ELLIS, GEORGE F MD
Address: 901 N. LAKE DESTINY DRIVE, SUITE 385
City-St-Zip: MAITLAND, FL 32751

Title: PD () Delete
Name: GREENBERG, HAROLD L MD
Address: 235 S MAITLAND AVENUE
City-St-Zip: MAITLAND, FL 32751

Title: S () Delete
Name: EINHORN, ARNOLD MD
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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MICKLAVZINA, CONNIE D MD
Address: 901 N. LAKE DESTINY DRIVE, SUITE 385
City-St-Zip: MAITLAND, FL 32751

Title: P (X) Change () Addition
Name: ELLIS, GEORGE F MD
Address: 901 N. LAKE DESTINY DRIVE, SUITE 385
City-St-Zip: MAITLAND, FL 32751

Title: PE (X) Change () Addition
Name: MURRAY, JOHN L MD
Address: 235 S MAITLAND AVENUE
City-St-Zip: MAITLAND, FL 32751

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

04/24/2006

Electronic Signature of Signing Officer or Director

Date