

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714103

FILED
Jan 03, 2011
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:

1870 ALOMA AVENUE
STE 250
WINTER PARK, FL 32789 US

Current Mailing Address:

901 N. LAKE DESTINY DRIVE
STE 385
MAITLAND, FL 32751 US

New Mailing Address:

1870 ALOMA AVENUE
STE 250
WINTER PARK, FL 32789 US

FEI Number: 59-0746887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURPHY, MARK E CPA
200 WAYMONT COURT
#126-3
LAKE MARY, FL 32746 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: PRES
Name: SIVANESAN, SIVA MD
Address: 1870 ALOMA AVENUE, SUITE 250
City-St-Zip: WINTER PARK, FL 32789

Title: PE
Name: JAHAGIRDAR, RAVI MD
Address: 1870 ALOMA AVENUE, SUITE 250
City-St-Zip: WINTER PARK, FL 32789

Title: SEC
Name: HALPERIN, LAWRENCE MD
Address: 1870 ALOMA AVENUE, SUITE 250
City-St-Zip: WINTER PARK, FL 32789

Title: TRES
Name: MUSZYNSKI, MICHAEL MD
Address: 1870 ALOMA AVENUE, SUITE 250
City-St-Zip: WINTER PARK, FL 32789

Title: VP
Name: WILLARD, SARAH MD
Address: 1870 ALOMA AVENUE, SUITE 250
City-St-Zip: WINTER PARK, FL 32789

Title: ED
Name: RAPALJE, CHRISTINA S
Address: 1870 ALOMA AVENUE, SUITE 250
City-St-Zip: WINTER PARK, FL 32789

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINA S. RAPALJE

ED

01/03/2011

Electronic Signature of Signing Officer or Director

Date