

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAY 23 PM 1:06

**DOCUMENT # 738247 (6)**

1. Corporation Name  
**ORLANDO REGIONAL HEALTHCARE SYSTEM, INC.**

Principal Place of Business

1414 KUHL AVE  
ORLANDO FL 32806

Mailing Address

1414 KUHL AVE  
ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/01/1977</b>	3a. Date of Last Report <b>01/31/1994</b>
4. FEI Number <b>59-1726273</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip - Country	Zip - Country
24	29
25	30

9. Name and Address of Current Registered Agent

**STRACK, GARY  
1414 KUHL AVE  
ORLANDO FL 32806**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>
NAME	<b>HUGHES, DAVID H</b>
STREET ADDRESS	<b>20 N ORANGE AVE</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>CD</b>
NAME	<b>HARRELL, ROBERT M</b>
STREET ADDRESS	<b>15 W CHURCH ST</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>PD</b>
NAME	<b>STRACK, GARY</b>
STREET ADDRESS	<b>1414 S KUHL AVE</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>SD</b>
NAME	<b>MANNING, EDWARD J</b>
STREET ADDRESS	<b>2145 COMPANERO AVENUE</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>TD</b>
NAME	<b>COWLEY, EDWARD W</b>
STREET ADDRESS	<b>5380 ALLIGATOR LAKE ROAD</b>
CITY - ST - ZIP	<b>ST. CLOUD FL</b>
TITLE	<b>D</b>
NAME	<b>OETJEN, LEROY H M.D.</b>
STREET ADDRESS	<b>1414 KUHL AVE</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 by an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/27/95** (107)041-511

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **GARY STRACK**  
OK for signature (P)A