

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **738247** (6)
1. Corporation Name
ORLANDO REGIONAL HEALTHCARE SYSTEM, INC.



Principal Place of Business Mailing Address
1414 KUHL AVE ORLANDO FL 32806 **1414 KUHL AVE ORLANDO FL 32806**

3. Date Incorporated or Qualified **03/01/1977** 3a. Date of Last Report **05/23/1995**

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

4. FEI Number **59-1726273** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 **JOHN HILLENMEYER, PRESIDENT**
82 **1414 KUHL AVENUE**
83 **ORLANDO FL**
84 City **FL** 85 Zip Code **32806**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *John Hillenmeyer* (NOTE: Registered Agent: signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, DAVID H	1.2 NAME	DAVID HUGHES
STREET ADDRESS	20 N ORANGE AVE	1.3 STREET ADDRESS	20 NORTH ORANGE AVENUE
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO FL
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRELL, ROBERT M	2.2 NAME	HANS TEWS
STREET ADDRESS	15 W CHURCH ST	2.3 STREET ADDRESS	1508 SPRING LAKE DRIVE
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO FL
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRACK, GARY	3.2 NAME	GARY STRACK
STREET ADDRESS	1414 S KUHL AVE	3.3 STREET ADDRESS	1414 KUHL AVENUE
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO FL
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, EDWARD J	4.2 NAME	EDWARD MANNING
STREET ADDRESS	2145 COMPANERO AVENUE	4.3 STREET ADDRESS	2145 COMPANERO AVE
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COWLEY, EDWARD W	5.2 NAME	BRUCE WILLIAMS
STREET ADDRESS	5360 ALLIGATOR LAKE ROAD	5.3 STREET ADDRESS	2301 SILVER STAR RD
CITY-ST-ZIP	ST. CLOUD FL	5.4 CITY-ST-ZIP	ORLANDO FL
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OETJEN, LEROY H M.D.	6.2 NAME	JOHN HILLENMEYER
STREET ADDRESS	1414 KUHL AVE	6.3 STREET ADDRESS	1414 KUHL AVENUE
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	ORLANDO FL

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 119.03(1)(b), 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, or on an attachment with an address.

SIGNATURE: *John Hillenmeyer* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **1/29/96** Daytime Phone #: **407-241-5223**

CR2E037 (12/95)