

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra S. Northam Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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



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|--|---|
| Principal Place of Business 1414 KUHL AVE ORLANDO FL 32806 | Mailing Address 1414 KUHL AVE ORLANDO FL 32806-2008 |
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|--|--|---|--|
| 3. Date Incorporated or Qualified 03/01/1977 | | 3a. Date of Last Report 05/01/1996 | |
| 2. Principal Place of Business | | 4. FEI Number 59-1726273 | |
| 2a. Mailing Address | | Applied For Not Applicable | |
| 21. Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22. City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23. Zip Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 24. Zip Country | | | |
| 25. Zip Country | | | |
| 26. Zip Country | | | |
| 27. Zip Country | | | |
| 28. Zip Country | | | |
| 29. Zip Country | | | |
| 30. Zip Country | | | |

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|--|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| HILLENMEYER, JOHN 1414 KUHL AVE 84 ORLANDO FL 32806 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 _____ (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 | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | HUGHES, DAVID H | | | 1.2 NAME | Diebel, Don M.D. | | |
| STREET ADDRESS | 20 N ORANGE AVE | | | 1.3 STREET ADDRESS | 1414 Kuhl Ave | | |
| CITY-ST-ZIP | ORLANDO FL | | | 1.4 CITY-ST-ZIP | Orlando, FL 32806 | | |
| TITLE | CD | <input type="checkbox"/> DELETE | | 2.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HARRELL, ROBERT M | | | 2.2 NAME | Harrell, Robert M. | | |
| STREET ADDRESS | 15 W CHURCH ST | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | | 3.1 TITLE | C D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STRACK, GARY | | | 3.2 NAME | Strack, Gary | | |
| STREET ADDRESS | 1414 S KUHL AVE | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | SD | <input type="checkbox"/> DELETE | | 4.1 TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | MANNING, EDWARD J | | | 4.2 NAME | Hillenmeyer, John | | |
| STREET ADDRESS | 2145 COMPANERO AVENUE | | | 4.3 STREET ADDRESS | 1414 Kuhl Avenue | | |
| CITY-ST-ZIP | ORLANDO FL | | | 4.4 CITY-ST-ZIP | Orlando, FL 32806 | | |
| TITLE | TD | <input type="checkbox"/> DELETE | | 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | COWLEY, EDWARD W | | | 5.2 NAME | Gilley, Raymond | | |
| STREET ADDRESS | 5380 ALLIGATOR LAKE ROAD | | | 5.3 STREET ADDRESS | 1414 Kuhl Ave | | |
| CITY-ST-ZIP | ST. CLOUD FL | | | 5.4 CITY-ST-ZIP | Orlando, FL 32806 | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 6.1 TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | OETJEN, LEROY H M.D. | | | 6.2 NAME | Helman, Alaud. | | |
| STREET ADDRESS | 1414 KUHL AVE | | | 6.3 STREET ADDRESS | 1414 Kuhl Ave | | |
| CITY-ST-ZIP | ORLANDO FL | | | 6.4 CITY-ST-ZIP | Orlando, FL 32806 | | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **APR 28 1997**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0016703

CR2E037 (9/96)

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**ADDITIONS TO OFFICERS AND DIRECTORS IN 12
(CONTINUATION)**

D Addition
Hitt, John C., PhD
1414 Kuhl Ave.
Orlando, FL 32806

D Addition
King, Marilyn M.
1414 Kuhl Ave.
Orlando, FL 32806

D Addition
Koehn, George
1414 Kuhl Ave.
Orlando, FL 32806

D Addition
McPherson II, Rex V.
1414 Kuhl Ave.
Orlando, FL 32806

D Addition
Palmer, Winnie W.
1414 Kuhl Ave.
Orlando, FL 32806

D Addition
Tews, Hans W.
1414 Kuhl Ave.
Orlando, FL 32806

D Addition
Williams, Bruce E.
1414 Kuhl Ave.
Orlando, FL 32806