

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jul 17 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 1414 KUHL AVE, ORLANDO FL 32806  
Mailing Address: 1414 KUHL AVE, ORLANDO FL 32806

3. Date Incorporated or Qualified: 03/01/1977  
4. FEI Number: 59-1726273  
Applied For: Not Applicable

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

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? Yes No (checked)  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No (checked)

9. Name and Address of Current Registered Agent  
HILLENMEYER, JOHN  
1414 KUHL AVE  
ORLANDO FL 32806

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 HUGHES, DAVID H 20 N ORANGE AVE ORLANDO FL	1.1 TITLE	CD
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D HARRELL, ROBERT M 15 W CHURCH ST ORLANDO FL	2.1 TITLE	PD John Hillenmeyer
NAME		2.2 NAME	1414 Kuhl Ave
STREET ADDRESS		2.3 STREET ADDRESS	Orlando, FL 32806
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	CD STRACK, GARY 1414 S KUHL AVE ORLANDO FL	3.1 TITLE	SD Marilyn King
NAME		3.2 NAME	458 Virginia Drive
STREET ADDRESS		3.3 STREET ADDRESS	Winter Park, FL 32789
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD MANNING, EDWARD J 2145 COMPANERO AVENUE ORLANDO FL	4.1 TITLE	T, D
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD COWLEY, EDWARD W 6360 ALLIGATOR LAKE ROAD ST. CLOUD FL	5.1 TITLE	D
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D OETJEN, LEROY H M.D. 1414 KUHL AVE ORLANDO FL	6.1 TITLE	V, D Hans Tewes
NAME		6.2 NAME	1508 Spring Lake Drive
STREET ADDRESS		6.3 STREET ADDRESS	Orlando FL 32804
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Dep. \$61.25

14. I 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: \_\_\_\_\_

CR2E037 (10/97)