

FILE NOW: FILING FEE IS \$61.25

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90009 025 ***122.50

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 738247

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

03/01/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1726273

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILLENMEYER, JOHN
 1414 KUHL AVE
 ORLANDO FL 32806

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, DAVID H	1.2 NAME	Gilley, Raymond
STREET ADDRESS	20 N. ORANGE AVE	1.3 STREET ADDRESS	40 South Dewey
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Eustis, FL 32726
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLEMEYER, JOHN	2.2 NAME	
STREET ADDRESS	1414 KUHL AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, MARILYN	3.2 NAME	King, Marilyn
STREET ADDRESS	458 VIRGINIA DRIVE	3.3 STREET ADDRESS	458 Virginia Drive
CITY-ST-ZIP	WINTER PARK FL 32789	3.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, EDWARD J	4.2 NAME	
STREET ADDRESS	2145 COMPANERO AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWLEY, EDWARD W	5.2 NAME	
STREET ADDRESS	5360 ALLIGATOR LAKE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEWS, HANS	6.2 NAME	Tews, Hans
STREET ADDRESS	1508 SPRING LAKE DRIVE	6.3 STREET ADDRESS	1808 Spring Lake Drive
CITY-ST-ZIP	ORLANDO FL 32804	6.4 CITY-ST-ZIP	Orlando, FL 32804

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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/99

(407) 841-5203

Date Daytime Phone #

CR2E037 (11/98)