

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738247

1. Entity Name

ORLANDO REGIONAL HEALTHCARE SYSTEM, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90201 001 \*1,283.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1414 KUHL AVE ORLANDO FL 32806	Mailing Address 1414 KUHL AVE ORLANDO FL 32806-2008
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-1726273</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HILLENMEYER, JOHN**  
**1414 KUHL AVE**  
**ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> Delete
NAME	GILLEY, RAYMOND	
STREET ADDRESS	40 SOUTH DEWEY	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HILLEMEYER, JOHN	
STREET ADDRESS	1414 KUHL AVENUE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KING, MARILYN	
STREET ADDRESS	458 VIRGINIA DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MANNING, EDWARD J	
STREET ADDRESS	2145 COMPANERO AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COWLEY, EDWARD W	
STREET ADDRESS	5360 ALLIGATOR LAKE ROAD	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	TEWS, HANS	
STREET ADDRESS	1508 SPRING LAKE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32804	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hillenmeyer, John	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 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  
 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (9/99)