

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90237 001 \*\*\*122.50

**DOCUMENT # 738247**

1. Entity Name

**ORLANDO REGIONAL HEALTHCARE SYSTEM, INC.**

Principal Place of Business

1414 KUHL AVE  
 ORLANDO FL 32806

Mailing Address

1414 KUHL AVE  
 ORLANDO FL 32806

00000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1414 Kuhl Ave  
 MP2

City & State

City & State

Orlando, FL

4. FEI Number

59-1726273

Applied For

Not Applicable

Zip

Country

Zip

Country

32806 USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILLENMEYER, JOHN  
 1414 KUHL AVE  
 ORLANDO FL 32806

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

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME DS  
 GILLEY, RAYMOND  
 STREET ADDRESS 40 SOUTH DEWEY  
 CITY-ST-ZIP EUSTIS FL 32726

TITLE  Change  Addition  
 NAME D, VC  
 Gilley Raymond  
 STREET ADDRESS 737 Mount Rose St  
 CITY-ST-ZIP Clermont, FL 34711

TITLE  Delete  
 NAME PD  
 HILLENMEYER, JOHN  
 STREET ADDRESS 1414 KUHL AVENUE  
 CITY-ST-ZIP ORLANDO FL 32806

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME VD  
 KING, MARILYN  
 STREET ADDRESS 458 VIRGINIA DRIVE  
 CITY-ST-ZIP WINTER PARK FL 32789

TITLE  Change  Addition  
 NAME C, D  
 King, Marilyn  
 STREET ADDRESS 358 Virginia DR  
 CITY-ST-ZIP WINTER PARK, FL 32789

TITLE  Delete  
 NAME TD  
 MANNING, EDWARD J  
 STREET ADDRESS 2145 COMPANERO AVENUE  
 CITY-ST-ZIP ORLANDO FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME D  
 COWLEY, EDWARD W  
 STREET ADDRESS 5360 ALLIGATOR LAKE ROAD  
 CITY-ST-ZIP ST. CLOUD FL

TITLE  Change  Addition  
 NAME D, S  
 Cowley, Edward W  
 STREET ADDRESS 5360 Alligator Lake Rd  
 CITY-ST-ZIP St Cloud, FL 34772

TITLE  Delete  
 NAME CD  
 TEWS, HANS  
 STREET ADDRESS 1508 SPRING LAKE DRIVE  
 CITY-ST-ZIP ORLANDO FL 32804

TITLE  Change  Addition  
 NAME D  
 Tews, Hans  
 STREET ADDRESS 1508 Spring Lake Drive  
 CITY-ST-ZIP Orlando, FL 32804

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]* REQUIRED

4-6-01 (407)841-5155

Date

Daytime Phone #

CR2E037 (10/00)