

**NOT FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 28 PM 4:01

DOCUMENT # 738247

1. Entity Name
ORLANDO REGIONAL HEALTHCARE SYSTEM, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SAME

3. Mailing Address

1414 KAHL AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MP 2

City & State

City & State

ORLANDO, FL

4. FEI Number

59-1726273

Applied For

Not Applicable

Zip

Country

Zip
32806

Country

USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name JOHN HILLENMEYER

Street Address (P.O. Box Number is Not Acceptable)

1414 KAHL AVE. MP 2

City ORLANDO

FL

Zip Code
32806

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00 + 1.25%
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
SEE ATTACHED	

**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on attachment with an address, with all other like empowered.

SIGNATURE: *Paula J. Light*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

Daytime Phone #

CR2E034B (12/01)

5/28/02

Attachment + ~~Doc#~~ 1738247

ORLANDO REGIONAL HEALTHCARE

BOARD OF DIRECTORS

C

Marilyn King
ORHS
1414 Kuhl Ave., MP4
Orlando, FL 32806

VC

Raymond Gilley
ORHS
1414 Kuhl Ave., MP4
Orlando, FL 32806

T

Edward Manning
ORHS
1414 Kuhl Ave. MP4
Orlando, FL 32806

S

Edward Cowley
ORHS
1414 Kuhl Ave. MP4
Orlando, FL 32806

P/CEO

John Hillenmeyer
ORHS
1414 Kuhl Ave., MP4
Orlando, FL 32806ORHS

D

R. Richard Boliek
Lake Glass & Mirror
3391 W. Highway 44
Leesburg, FL 34748

D

Timothy Bullard, M.D.
ORHS
1414 Kuhl Ave. MP4
Orlando, FL 32806

Attachments Doc # 738247

D

Linda W. Chapin
University of Central Florida
Director, Metropolitan Center
12443 Research Parkway, Suite 207
Orlando, FL 32826

D

Thomas Csencsitz, Ph.D., M.D.
ORHS
Medical Education/Orthopedics
1314 Kuhl Ave.
Orlando, FL 32806

D

Lennard Greenbaum, M.D.
ORHS
Radiology Department
1414 Kuhl Ave.
Orlando, FL 32806

D

James Hunt
Walt Disney World Company
Sr. VP & CFO
Team Disney 4 North 400
P.O. Box 10000
Lake Buena Vista, FL 32830-1000

D

George Koehn
SunTrust Bank, N.A.
P.O. Box 3833
200 S. Orange Ave., 6th Floor
Orlando, FL 32802

D

Rex V. McPherson, II
R.D. Keene Trust
P.O. Box 770338
13100 W. Colonial Dr. (34787)
Winter Garden, FL 34777-0338

Attachments (Doc # 738247

D

Dianna Morgan
ORHS
1414 Kuhl Ave. MP4
Orlando, FL 32806

D

James Seneff
ORHS
1414 Kuhl Ave., MP4
Orlando, FL 32806

D

Sandy Shugart, Ph.D
ORHS
1414 Kuhl Ave., MP4
Orlando, FL 32806

D

Vivienne C. Silverton
Isleworth Foundation, Inc.
6100 Payne Stewart Drive
Windermere, FL 34786

D

Hans Tews
ORHS
1414 Kuhl Ave., MP4
Orlando, FL 32806