

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738247

FILED
Apr 09, 2007
Secretary of State

Entity Name: ORLANDO REGIONAL HEALTHCARE SYSTEM, INC.

Current Principal Place of Business:

1414 KUHL AVE
MP 2
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

1414 KUHL AVE
MP 2
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-1726273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HILLENMEYER, JOHN
1414 KUHL AVE
MP 1
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GREENBAUM, LENNARD M.D.
Address: 1414 KUHL AVE., MP 4
City-St-Zip: ORLANDO, FL 32806

Title: PCEO () Delete
Name: HILLENMEYER, JOHN
Address: 1414 KUHL AVE., MP 4
City-St-Zip: ORLANDO, FL 32806

Title: VC () Delete
Name: CHAPIN, LINDA
Address: 1414 KUHL AVE., MP 4
City-St-Zip: ORLANDO, FL 32806

Title: TD () Delete
Name: MANNING, EDWARD J
Address: 1414 KUHL AVE., MP 4
City-St-Zip: ORLANDO, FL 32806

Title: SD () Delete
Name: SHUGART, SANDY PH.D.
Address: 1414 KUHL AVE., MP 4
City-St-Zip: ORLANDO, FL 32806

Title: C () Delete
Name: KOEHN, GEORGE
Address: 1414 KUHL AVE. MP 4
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN HILLENMEYER

PCEO

04/09/2007

Electronic Signature of Signing Officer or Director

Date