

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 10, 2008  
Secretary of State**

DOCUMENT# 738247

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: SD (X) Change ( ) Addition  
Name: SHUGART, SANFORD PH.D.  
Address: 1414 KUHL AVE., MP 4  
City-St-Zip: ORLANDO, FL 32806

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

I hereby certify that the information supplied with this filing does not qualify 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

04/10/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date