

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738247

FILED
Mar 27, 2012
Secretary of State

Entity Name: ORLANDO HEALTH, 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:

SITARIK, SHERRIE
1414 KUHL AVE
MP 4
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
Name: GREENBAUM, LENNARD M.D.
Address: 1414 KUHL AVE., MP 4
City-St-Zip: ORLANDO, FL 32806

Title: PCEO
Name: SITARIK, SHERRIE
Address: 1414 KUHL AVE., MP 4
City-St-Zip: ORLANDO, FL 32806

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

Title: TD
Name: SANTIAGO, CONRAD
Address: 1414 KUHL AVE., MP 4
City-St-Zip: ORLANDO, FL 32806

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

Title: VC
Name: MORGAN, DIANNA
Address: 1414 KUHL AVE. MP 4
City-St-Zip: ORLANDO, FL 32806

I hereby 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 all other like empowered.

SIGNATURE: SHERRIE SITARIK

PCEO

03/27/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date