


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90537 020 ****70.00

DOCUMENT # 738247

1. Entity Name
ORLANDO REGIONAL HEALTHCARE SYSTEM, INC.



Principal Place of Business
**1414 KUHL AVE
MP 2
ORLANDO FL 32806**

Mailing Address
**1414 KUHL AVE
MP 2
ORLANDO FL 32806**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**HILLENMEYER, JOHN
1414 KUHL AVE
ORLANDO FL 32806**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City

4. FEI Number **59-1726273**
Applied For
Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. 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 Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GILLEY, RAYMOND 1414 KUHL AVE., MP 4 ORLANDO FL 32806 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HILLENMEYER, JOHN 1414 KUHL AVE., MP 4 ORLANDO FL 32806 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KING, MARILYN 1414 KUHL AVE., MP 4 ORLANDO FL 32806 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANNING, EDWARD J 1414 KUHL AVE., MP 4 ORLANDO FL 32806 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLARD, TIMOTHY M.D. 1414 KUHL AVE., MP 4 ORLANDO FL 32806 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLIEK, R. RICHARD 3391 W. HIGHWAY 44 LEESBURG FL 34748 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John Hillenmeyer 1414 kuhl Ave MP4 Orlando, FL 32806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Sherrie Sitarik 1414 Kuhl Ave MP4 Orlando, FL 32806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/CFO Paul A Goldstein 1414 Kuhl Ave MP2 Orlando, FL 32806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP P. Shannon Elswick 1414 Kuhl Ave MP2 Orlando, FL 32806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Stephan J Harr 1414 Kuhl Ave. Orlando, FL 32806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP John W Bozard 1414 Kuhl Ave Orlando, FL 32806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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]* **RECEIVED** 4/10/03 521-841-5155

CR2E037 (10/02)

Attachment

#138247

20029981

2002 Officer and Director Adendum

VP/Ed of Arnold Palmer Hospital
Kathy A Swanson
1414 Kuhl Ave
Orlando, FL 32806

Change

Addition

VP
Karl Hodges
1414 Kuhl Ave MP 71
Orlando, FL 32806

Change

Addition

VP/CMIO
Michael Pinell
1414 Kuhl Ave
Orlando, FL 32806

Change

Addition

VP
Nancy Dinon
1414 Kuhl Ave
Orlando, FL 32806

Change

Addition

VP/CIO
John Richard Schooler
1414 Kuhl Ave
Orlando, FL 32806

Change

Addition

VP
Barbara L. Stuart
1414 Kuhl Ave
Orlando, FL 32806

Change

Addition

VP
George E. Delong, JR
1414 Kuhl Ave
Orlando, FL 32806

Change

Addition