

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **764546** (8)
1. Corporation Name
ORLANDO HEALTH NETWORK, INC.



Principal Place of Business Mailing Address
1414 KUHLE AVE **1414 KUHLE AVE**
ORLANDO FL 32806 **ORLANDO FL 32806**

3. Date Incorporated or Qualified **08/12/1982** 3a. Date of Last Report **05/23/1995**
4. FEI Number **59-2246221** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
STRACK, GARY
11414 KUHLE AVE
ORLANDO FL 32806
Name and Address of New Registered Agent
81
82
83
84 City **FL** 85 Zip Code **32806**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	C	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRACK, GARY			1.2 NAME	GARY STRACK		
STREET ADDRESS	1414 KUHLE AVE			1.3 STREET ADDRESS	1414 KUHLE AVENUE		
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP	ORLANDO FL		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOZARD, JOHN W.			2.2 NAME	JOHN BOZARD		
STREET ADDRESS	1414 KUHLE AVE			2.3 STREET ADDRESS	1414 KUHLE AVENUE		
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP	ORLANDO FL		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HILLENMEYER, JOHN			3.2 NAME	JOHN HILLENMEYER		
STREET ADDRESS	1414 KUHLE AVE			3.3 STREET ADDRESS	1414 KUHLE AVENUE		
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP	ORLANDO FL		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	PAUL GOLDSTEIN		
STREET ADDRESS				4.3 STREET ADDRESS	1414 KUHLE AVENUE		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	ORLANDO FL		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul Goldstein* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E037 (12/95)