FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(8)

ORLANDO HEALTH NETWORK, INC.

Pri	ПÇ	ıра	ľ	ace	Οſ	BUSIL	ıç

Mailing Address

1414 KUHL AVE ORLANDO FL 32806

Suite, Apt. #, etc.

SIGNATURE

City & State

21

22

2. Principal Place of Business

1414 KUHL AVE ORLANDO FL 32806-2008

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

FILED May 13 1997 8:00am Secretary of State



3a. Date of Last Report 05/01/1996

Applied For

\$8.75 Additional

Fee Required

Daytime Phone # 0016702

Not Applicable

3. Date Incorporated or Qualified 08/12/1982

5. Certificate of Status Desired

4. FEI Number 59-2246221

City & State)	City &	City & State				6. Election Campai	gn Financing		\$5.00	May Be
23		28	<u> </u>			Trust Fund Confi	ribution	<u> </u>	Added to	Fees	
Zip	Country	Zip		Cou	niry		6. This corporation				199.032,
24	25	29		30			Florida Statutes		Yes 🗶		
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
					81	Name	aha Hill	en me	Vee		
STRACK				į	82	Street Add	ress (P.O. Box Number				
11414 KUHL AVE						14	14 Kuhl	Avenue			
ORLANDO FL 32806					83						
					84	City 🔨	1 (85 Zip C	code
						Ur	-lando		FL		806
11. Dursmont to the provisions of Sections 617 0500 and 617 1508. Floride Statutes, the above pared 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 pand a cept the objection 617.0503, Florida Statutes.											
SIGNATURE (In Mature, lightly or privided name of registered agent and sitio if applicable. (In Mature, lightly or privided name of registered agent and sitio if applicable.) OPENING AND DISCOURSE AND DISCOURS											
Sidily Tong	ophature, typics or printed name of regi	stered agent and title if applica	NOTE.	Registered	Agent	signature requi	ired when reinstating)		DATE		
12,	UFFICE	RS AND DIRECTORS		13.			ADDITIONS/CHA	NGES TO OFFICE			
THLE	PO		DELETE	1.1 Til	TLE	- 1			Ĺ	Change	☐ Addition
NAME	STRACK,GARY			1.2 NA	ME						İ
STREE1 ADDRESS	1414 KUHL AVE			1.3 ST	REET A	Doress					
CITY-ST-ZIP	ORLANDO FL			1.4 CI	TY-ST-	ZIP			*****		
TITLE	VD		DELETE	2.1 711	TLE	l			Į	Change	Addition
NAME	BOZARD, JOHN W.			2.2 NA	ME						
STREET ADDRESS	1414 KUHL AVE			2.3 ST	REET A	ODRESS					
CITY - ST - ZIP	ORLANDO FL			2.40	ITY-ST	-ZIP					
TITLE	D	,	DELETE	3.1 717	TLE				··· I	Change	Addition
NAME	HILLENMEYER, JOHN			3.2 NA	ME						1
STREET ADDRESS	1414 KUHL AVE			3.3 ST	REET A	DORESS					
CITY-ST-ZIP	ORLANDO FL			3.4. C	ΠY-ST	- 2 IP					
TITLE			DELETE	4.1 Til	TLE					Change	Addition
NAME				4. 2 N	AME	l					· ·
STREET ADDRESS				4.3 ST	REET A	D D RESS			•		
CITY - ST - ZIP				4.4 CI	TY-ST-	ZIP					
TITLE			DELETE	5.1 111					Ţ	Change	Addition
NAME				5.2 NA	ME						
STREET ADDRESS				5.3 ST	REET A	DDRESS					
CITY - ST - ZIP				5.4 CI	TY-\$T-	. ZIP					
TITLE			DELETE	6.1 Til			·····			Change	Addition
NAME				6.2 N	ME.	1					ļ
STREET ADDRESS				6.3 ST	REET A	DORESS					İ
CITY-ST-ZIP					TY- 51-	- J					,
14 Ldo heret	by certify that the information	supplied with this filing	does not qualify	for the	AYAM	ntion state	d in Section 119.07(3)(i)	, Florida Statutes.	I further	certify that I	the
informatio	n indicated on this annual re	port or supplemental a	nnual report is tru	ue and a	accur	ate and the	at my signature shall hav	e the same legal	effect as	if made unc	ter oath; that