


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				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 1414 KUHLE AVE ORLANDO FL 32806			Mailing Address 1414 KUHLE AVE ORLANDO FL 32806-2008		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 08/12/1982	
				3a. Date of Last Report 05/01/1996	
				4. FEI Number 59-2246221	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent STRACK, GARY 11414 KUHLE AVE ORLANDO FL 32806			10. Name and Address of New Registered Agent 81 Name John Hillenmeyer 82 Street Address (P.O. Box Number is Not Acceptable) 1414 Kuhl Avenue 83 84 City Orlando 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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE					
TITLE	PO STRACK, GARY				
NAME	1414 KUHLE AVE				
STREET ADDRESS	ORLANDO FL				
CITY - ST - ZIP					
TITLE	VD BOZARD, JOHN W.				
NAME	1414 KUHLE AVE				
STREET ADDRESS	ORLANDO FL				
CITY - ST - ZIP					
TITLE	D HILLENMEYER, JOHN				
NAME	1414 KUHLE AVE				
STREET ADDRESS	ORLANDO FL				
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SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 28 1997

Date

Daytime Phone # 0016702

CP2E037 (9/96)