## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** May 14, 1999 8:00 am Secretary of State

05-14-1999 90009 025 \*\*\*122.50

DOCU	ME	NT	#	764	4546
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1. Corporation Name

ORLANDO HEALTH NETWORK, INC.

Princ	ipal P	lace of	Busine
1454	KIILI	AVE	

Mailing Address

ORLANDO FL 32806

1414 KUHL AVE ORLANDO FL 32806

2. 21	Principal Place of Business 2a. Mailing Address 26			3. Date Incorporated or Qualifed 08/12/1982			
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.		<u> </u>	4. FEI Number 59-2246221	Applied For Not Applicable	
	City & State	City & State	<u> </u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	Zip Country	Zip 29 3	Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
			81	Name			
HILLENMEYER, JOHN 1414 KUHL AVE ORLANDO FL 32806				82 Street Address (P.O. Box Number is Not Acceptable) 83			

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

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agent. I a	m familiar with, and accept the obligations of, Section 61	7.0503, Florida	Statutes		,	•
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Po	gistered Agent signature requ	(red when reinstation)	DATE	<del></del>
12.	OFFICERS AND DIRECTORS	(1012.10	13.		O OFFICERS AND DIREC	FORS IN 12
TITLE	0	DELETE	1.1 TITLE		☐ Chang	e 🔲 Addition
NAME	GOLDSTEIN, PAUL		1.2 NAME			İ
STREET ADDRESS	1414 KUHL AVE		1.3 STREET ADDRESS			ļ
CITY-ST-ZIP	ORLANDO FL 32806		1.4 CITY-ST-ZIP			
TITLE	VD 🗆	DELETE	2.1 TITLE		Chang	e ` ☐ Addition
NAME	BOZARD,JOHN W.		2.2 NAME			Ì
STREET ADDRESS	1414 KUHL AVE		2.3 STREET ADDRESS			Į
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP			
TITLE	PD	DELETE	3.1 TITLE		Chang	e 🔲 Addition
NAME	HILLENMEYER, JOHN		3.2 NAME			
STREET ADDRESS	1414 KUHL AVE		3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Chang	e 🗍 Addition
NAME			4.2 NAME			ļ
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	. <u> </u>		4.4 CTTY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Chang	e 🔲 Addition
NAME			. 5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Chang	e Addition
NAME			5.2 NAME			i
STREET ADDRESS			6.3 STREET ADDRESS			ļ
CITY-\$T-ZIP			6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

Zip Code

85

ORLANDO REGIONAL HEALTHCARE SYSTEM

1414 Kuhl Avenue

Orlando, FL 32806

714546

55067.909.50

## **BOARD OF DIRECTORS**

**Hans Tews** Marilyn King **Edward Manning Raymond Gilley** John Hillenmeyer

S. S. 2

Chairman Vice Chairman **Treasurer** Secretary President/CEO

R. Richard Boliek

Edward W. Cowley

Don Diebel, M.D.

Raymond Gilley

Lennard Greenbaum, M.D.

Alan C. Helman

John Hillenmeyer

John C. Hitt, Ph.D.

David H. Hughes

Marilyn M. King

George Koehn

Edward J. Manning

Rex V. McPherson, II

David Moser, M.D.

Vivienne C. Silverton

Hans W. Tews

Bruce E. Williams

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