

**NOT FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91528 028 ***140.00

DOCUMENT # 764546

1. Entity Name

ORLANDO HEALTH NETWORK, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Same

3. Mailing Address

1414 KUHL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MP 2

City & State

City & State

ORLANDO, FL

Zip

Country

Zip

32806

Country

USA

4. FEI Number

59-2246221

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



January 1 - May 1 Fee is \$150.00 61.25
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

SEE ATTACHED

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-02

CR2E034B (12/01)

*Attachments Doc# 764546
644072*

ORLANDO REGIONAL HEALTHCARE

BOARD OF DIRECTORS

C

Marilyn King
ORHS
1414 Kuhl Ave., MP4
Orlando, FL 32806

VC

Raymond Gilley
ORHS
1414 Kuhl Ave., MP4
Orlando, FL 32806

T

Edward Manning
ORHS
1414 Kuhl Ave. MP4
Orlando, FL 32806

S

Edward Cowley
ORHS
1414 Kuhl Ave. MP4
Orlando, FL 32806

P/CEO

John Hillenmeyer
ORHS
1414 Kuhl Ave., MP4
Orlando, FL 32806ORHS

D

R. Richard Boliek
Lake Glass & Mirror
3391 W. Highway 44
Leesburg, FL 34748

D

Timothy Bullard, M.D.
ORHS
1414 Kuhl Ave. MP4
Orlando, FL 32806

Attachments=Doc# 764546
644072

D

Linda W. Chapin
University of Central Florida
Director, Metropolitan Center
12443 Research Parkway, Suite 207
Orlando, FL 32826

D

Thomas Csencsitz, Ph.D., M.D.
ORHS
Medical Education/Orthopedics
1314 Kuhl Ave.
Orlando, FL 32806

D

Lennard Greenbaum, M.D.
ORHS
Radiology Department
1414 Kuhl Ave.
Orlando, FL 32806

D

James Hunt
Walt Disney World Company
Sr. VP & CFO
Team Disney 4 North 400
P.O. Box 10000
Lake Buena Vista, FL 32830-1000

D

George Koehn
SunTrust Bank, N.A.
P.O. Box 3833
200 S. Orange Ave., 6th Floor
Orlando, FL 32802

D

Rex V. McPherson, II
R.D. Keene Trust
P.O. Box 770338
13100 W. Colonial Dr. (34787)
Winter Garden, FL 34777-0338

Attachments=1 Doc# 164546
6044072

D

Dianna Morgan
ORHS
1414 Kuhl Ave. MP4
Orlando, FL 32806

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James Seneff
ORHS
1414 Kuhl Ave., MP4
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Sandy Shugart, Ph.D
ORHS
1414 Kuhl Ave., MP4
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Vivienne C. Silverton
Isleworth Foundation, Inc.
6100 Payne Stewart Drive
Windermere, FL 34786

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Hans Tews
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1414 Kuhl Ave., MP4
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