

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764546

FILED
Apr 01, 2004
Secretary of State**Entity Name:** ORLANDO HEALTH NETWORK, INC.**Current Principal Place of Business:**1414 KUHL AVE
MP2
ORLANDO, FL 32806**New Principal Place of Business:****Current Mailing Address:**1414 KUHL AVE
MP2
ORLANDO, FL 32806**New Mailing Address:****FEI Number:** 59-2246221 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HILLENMEYER, JOHN
1414 KUHL AVE
ORLANDO, FL 32806 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: TEWS, HANS
Address: 1414 KUHL AVE
City-St-Zip: ORLANDO, FL 32806**Title:** CD () Delete
Name: KING, MARILYN
Address: 1414 KUHL AVE
City-St-Zip: ORLANDO, FL 32806**Title:** TD () Delete
Name: MANNING, EDWARD
Address: 1414 KUHL AVE
City-St-Zip: ORLANDO, FL 32806**Title:** BOD () Delete
Name: BOLIEK, R. RICHARD
Address: 1414 KUHL AVE
City-St-Zip: ORLANDO, FL 32806**Title:** DS () Delete
Name: COWLEY, EDWARD W
Address: 1414 KUHL AVE.
City-St-Zip: ORLANDO, FL 32806**Title:** DVC () Delete
Name: GILLEY, RAYMOND
Address: 1414 KUHL AVE.
City-St-Zip: ORLANDO, FL 32806**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** BOD (X) Change () Addition
Name: SILVERTON, VIVIANNE C BOD
Address: 1414 KUHL AVE
City-St-Zip: ORLANDO, FL 32806**Title:** D (X) Change () Addition
Name: COWLEY, EDWARD W
Address: 1414 KUHL AVE.
City-St-Zip: ORLANDO, FL 32806**Title:** D (X) Change () Addition
Name: GILLEY, RAYMOND
Address: 1414 KUHL AVE.
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN HILLENMEYER

P

04/01/2004

Electronic Signature of Signing Officer or Director

Date

SANDY SHUGART, PH.D. BOD
1414 KUHL AVENUE
ORLANDO, FL 32806

JAMES SENEFF BOD
1414 KUHL AVENUE
ORLANDO, FL 32806

DIANNA MORGAN BOD
1414 KUHL AVENUE
ORLANDO, FL 32806

KELLY MILLER BOD
1414 KUHL AVENUE
ORLANDO, FL 32806

REX V. MCPHERSON, II BOD
1414 KUHL AVENUE
ORLANDO, FL 32806

ARNOLD LAZAR, M.D. BOD
1414 KUHL AVENUE
ORLANDO, FL 32806

LENNARD GREENBAUM, M.D. BOD
1414 KUHL AVENUE
ORLANDO, FL 32806

TIMOTHY BULLARD, M.D. BOD
1414 KUHL AVENUE
ORLANDO, FL 32806

JOHN HILLENMEYER PCEO
1414 KUHL AVENUE
ORLANDO, FL 32806

LINDA CHAPIN DS
1414 KUHL AVENUE
ORLANDO, FL 32806

GEORGE KOEHN VC
1414 KUHL AVENUE
ORLANDO, FL 32806

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