2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# 764546

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 (X)**

Name and Address of Current Registered Agent:

HILLENMEYER, JOHN
1414 KUHL AVE
MP 4
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:	C	( ) Delete
Name:	KOEHN, GEORGE	
Address:	1414 KUHL AVE, MP 4	
City-St-Zip:	ORLANDO, FL 32806	
Title:	D	( ) Delete
Name:	KING, MARILYN	
Address:	1414 KUHL AVE, MP4	
City-St-Zip:	ORLANDO, FL 32806	
Title:	TD	( ) Delete
Name:	MANNING, EDWARD	
Address:	1414 KUHL AVE, MP 4	
City-St-Zip:	ORLANDO, FL 32806	
Title:	SD	( ) Delete
Name:	SHUGERT, SANDY PH.D.	
Address:	1414 KUHL AVE, MP 4	
City-St-Zip:	ORLANDO, FL 32806	
Title:	VC	( ) Delete
Name:	CHAPIN, LINDA	
Address:	1414 KUHL AVE., MP 4	
City-St-Zip:	ORLANDO, FL 32806	
Title:	D	( ) Delete
Name:	GILLEY, RAYMOND	
Address:	1414 KUHL AVE., MP 4	
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:	SD	(X) Change ( ) Addition
Name:	SHUGERT, SANFORD C PH.D.	
Address:	1414 KUHL AVE, MP 4	
City-St-Zip:	ORLANDO, FL 32806	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PCEO	(X) Change ( ) Addition
Name:	HILLENMEYER, JOHN	
Address:	1414 KUHL AVE., MP 4	
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 Chapter 119, 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 PCEO 04/10/2006

Electronic Signature of Signing Officer or Director — Date