2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#764546

FILED Feb 23, 2010 Secretary of State

Entity Name: ORLANDO HEALTH DEVELOPMENT, INC.

Current Principal Place of Business: New Principal Place of Business:

1414 KUHL AVE MP2

ORLANDO, FL 32806

Current Mailing Address: New Mailing Address:

1414 KUHL AVE

MP2

ORLANDO, FL 32806

FEI Number: 59-2246221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HILLENMEYER, JOHN 1414 KUHL AVE MP 4

ORLANDO, FL 32806 US

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

Name: KOEHN, GEORGE Address: 1414 KUHL AVE, MP 4 City-St-Zip: ORLANDO, FL 32806

Title: D

Name: KING, MARILYN
Address: 1414 KUHL AVE, MP4
City-St-Zip: ORLANDO, FL 32806

Title: TD

Name: MANNING, EDWARD Address: 1414 KUHL AVE, MP 4 City-St-Zip: ORLANDO, FL 32806

Title: SD

Name: SHUGERT, SANFORD C PH.D. Address: 1414 KUHL AVE, MP 4

City-St-Zip: ORLANDO, FL 32806

Title: VC

Name: CHAPIN, LINDA
Address: 1414 KUHL AVE., MP 4
City-St-Zip: ORLANDO, FL 32806

Title: PCEC

Name: HILLENMEYER, JOHN Address: 1414 KUHL AVE., MP 4 City-St-Zip: ORLANDO, FL 32806

I hereby 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 all other like empowered.

SIGNATURE: JOHN HILLENMEYER PCEO 02/23/2010