2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2012
Secretary of State

DOCUMENT# 764546

Entity Name: ORLANDO HEALTH DEVELOPMENT, 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:

SITARIK, SHERRIE
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
Name: CONRAD, SANTIAGO
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: PCEO
Name: SITARIK, SHERRIE
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: SHERRIE SITARIK PCEO 05/03/2012

Electronic Signature of Signing Officer or Director — Date