

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90537 021 ****70.00

DOCUMENT # 764546

1. Entity Name
ORLANDO HEALTH NETWORK, INC.



Principal Place of Business

**1414 KUHLE AVE
MP2
ORLANDO FL 32806**

Mailing Address

**1414 KUHLE AVE
MP2
ORLANDO FL 32806**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2246221**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HILLENMEYER, JOHN
1414 KUHLE AVE
ORLANDO FL 32806**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	TEWS, HANS	
STREET ADDRESS	1414 KUHLE AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	CD	<input type="checkbox"/> Delete
NAME	KING, MARILYN	
STREET ADDRESS	1414 KUHLE AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MANNING, EDWARD	
STREET ADDRESS	1414 KUHLE AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	BOLIEK, R. RICHARD	
STREET ADDRESS	1414 KUHLE AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	DS	<input type="checkbox"/> Delete
NAME	COWLEY, EDWARD W	
STREET ADDRESS	1414 KUHLE AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	GILLEY, RAYMOND	
STREET ADDRESS	1414 KUHLE AVE	
CITY-ST-ZIP	ORLANDO FL 32806	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Hillenmeyer	
STREET ADDRESS	1414 Kuhl Ave MP4	
CITY-ST-ZIP	Orlando FL 32806	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sherrie Sitarik	
STREET ADDRESS	1414 Kuhl Ave MP4	
CITY-ST-ZIP	Orlando FL 32806	
TITLE	MP4FO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul A Goldstein	
STREET ADDRESS	1414 Kuhl Ave MP2	
CITY-ST-ZIP	Orlando FL 32806	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P. Shannon Elswick	
STREET ADDRESS	1414 Kuhl Ave MP2	
CITY-ST-ZIP	Orlando FL 32806	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen J Harr	
STREET ADDRESS	1414 Kuhl Ave	
CITY-ST-ZIP	Orlando FL 32806	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John W Bozard	
STREET ADDRESS	1414 Kuhl Ave	
CITY-ST-ZIP	Orlando FL 32806	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

5-20-03
5-20-03

U/10/03 321-841-8155

CR2E037 (10/02)