

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764547

FILED
Feb 10, 2012
Secretary of State

Entity Name: ORLANDO HEALTH FOUNDATION, INC.

Current Principal Place of Business:

3160 SOUTHGATE COMMERCE BLVD.
SUITE 50
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

1414 KUHL AVENUE
MP 2
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: 59-2244943 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOZARD, JOHN W
3160 SOUTHGATE COMMERCE BLVD
SUITE 50
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: JOHNSON, KATHY P
Address: 735 ALBA DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: VC
Name: RICH, PHILLIP W
Address: 931 TUSKAWILLA TRAIL
City-St-Zip: WINTER PARK, FL 32708

Title: PD
Name: BOZARD, JOHN W
Address: 3160 SOUTHGATE COMMERCE BLVD., STE 50
City-St-Zip: ORLANDO, FL 32806

Title: TD
Name: MILLER, KELLY
Address: 7342 WOODKNOT COURT
City-St-Zip: ORLANDO, FL 32835

Title: D
Name: BROWN, CLARENCE H III, MD
Address: 901 OAK STREET
City-St-Zip: ORLANDO, FL 32804

Title: D
Name: SITARIK, SHERRIE
Address: 320 HEMMINGWAY COURT
City-St-Zip: OVIEDO, FL 32765

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 BOZARD

PD

02/10/2012

Electronic Signature of Signing Officer or Director

Date