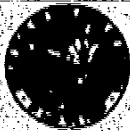


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**95 APR 19 AM 8: 04**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 767344 (5)**

1. Corporation Name  
**ORLANDO MEDICAL PLAZA, INC.**

Principal Place of Business      Mailing Address  
**1315 S. ORANGE AVE., 2ND FLOOR  
P.O. BOX 982002  
ORLANDO FL 32856-8002**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**03/08/1983**      **04/26/1994**  
4. FEI Number      Applied For  
**59-2292064**       Not Applicable

2. Principal Place of Business      2a. Mailing Address  
**21**      **26**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**22**      **27**  
City & State      City & State  
**23**      **28**  
Zip      Country      Zip      Country  
**24**      **25**      **29**      **30**  
5. Certificate of Status Desired       **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status       **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 169.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**COOLIDGE, ROBERT C.  
1315 SOUTH ORANGE AVE., 2ND FLOOR  
ORLANDO FL 32856-8002**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City      **85** Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Robert C. Coolidge*      DATE **April 10, 1995**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD /	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, JAMES F JR.	1.2 NAME	
STREET ADDRESS	1315 S. ORANGE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFF, THEODORE	2.2 NAME	
STREET ADDRESS	1315 S. ORANGE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAAVEDRA, LILLIAN, M.D.	3.2 NAME	
STREET ADDRESS	1315 S. ORANGE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFRAM, C. GORDON, M.D.	4.2 NAME	
STREET ADDRESS	1315 S. ORANGE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 person authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or newly appointed.

SIGNATURE: *[Signature]*      Date **4-14-95**      (Daytime Phone #)