

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

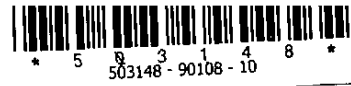
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 767344**  
 1. Corporation Name  
**ORLANDO MEDICAL PLAZA, INC.**


Principal Place of Business 1315 S. ORANGE AVE., 2ND FLOOR ORLANDO FL 32856-9002 US	Mailing Address 1315 S ORANGE AVE 2ND FL ORLANDO FL 32806 US
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2. Principal Place of Business 21 1315 S. ORANGE AVE. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 560508 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 03/08/1983
22 City & State 23 ORLANDO, FLORIDA	27 City & State 28 ORLANDO, FLORIDA	4. FEI Number 59-2292064
24 Zip 25 32806	29 Zip 30 32856-0508	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent COOLIDGE, ROBERT C. 1315 SOUTH ORANGE AVE., 2ND FLOOR ORLANDO FL 32806		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent COOLIDGE, ROBERT C. 1315 SOUTH ORANGE AVE., 2ND FLOOR ORLANDO FL 32806		10. Name and Address of New Registered Agent	
81 Name MARK BECKNER	82 Street Address (P.O. Box Number is Not Acceptable)	83 1315 S. ORANGE AVE.	84 City ORLANDO
		85 Zip Code FL 32806	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE  **MARK BECKNER**, PRESIDENT/TRESURER 4/29/99  
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	RICHARDS, JAMES F JR. 1315 S. ORANGE AVENUE ORLANDO FL	1.1 TITLE PTD	BECKNER, MARK 1315 S. ORANGE AVE. ORLANDO, FL. 32806
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VSD	HOFF, THEODORE 1315 S. ORANGE AVE ORLANDO FL	2.1 TITLE VSD	HOFF, THEODORE 1315 S. ORANGE AVE. ORLANDO, FL. 32806
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	SAAVEDRA, LILLIAN, M.D. 1315 S. ORANGE AVENUE ORLANDO FL	3.1 TITLE D	SAAVEDRA, LILLIAN 1315 S. ORANGE AVE. ORLANDO, FL. 32806
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE PTD	BECKNER, MARK 1315 S. ORANGE AVE. ORLANDO, FLORIDA 32806	4.1 TITLE D	CHANG, KWANG UK 1315 S. ORANGE AVE. ORLANDO, FL. 32806
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE VSD	HOFF, THEODORE 1315 S. ORANGE AVE. ORLANDO, FLORIDA 32806	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	SAAVEDRA, LILLIAN 1315 S. ORANGE AVE. ORLANDO, FLORIDA 32806	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 receiver or trustee empowered 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **MARK BECKNER** 4-29-99 407-916-4120  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)