

FILE NOW: FILING FEE IS \$61.25

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

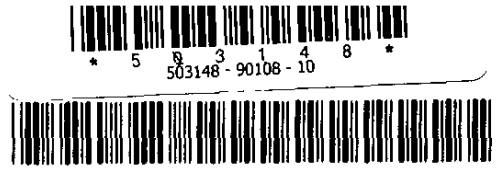
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 767344**  
 1. Corporation Name  
**ORLANDO 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. 22	2a. Mailing Address 26 P.O. BOX 560508 Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 03/08/1983
23 ORLANDO, FLORIDA Zip 32806 Country ORANGE	28 ORLANDO, FLORIDA Zip 32856-0508 Country ORANGE	4. FEI Number 59-2292064 Applied For Not Applicable
9. Name and Address of Current Registered Agent COOLIDGE, ROBERT C. 1315 SOUTH ORANGE AVE., 2ND FLOOR ORLANDO FL 32806		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 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 FL 85 Zip Code 32806	
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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. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PTD BECKNER, MARK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, JAMES F JR.	1.2 NAME	BECKNER, MARK
STREET ADDRESS	1315 S. ORANGE AVENUE	1.3 STREET ADDRESS	1315 S. ORANGE AVE.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL. 32806
TITLE	VSD HOFF, THEODORE <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VSD HOFF, THEODORE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFF, THEODORE	2.2 NAME	HOFF, THEODORE
STREET ADDRESS	1315 S. ORANGE AVE	2.3 STREET ADDRESS	1315 S. ORANGE AVE.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL. 32806
TITLE	D SAAVEDRA, LILLIAN, M.D. <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D SAAVEDRA, LILLIAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAAVEDRA, LILLIAN, M.D.	3.2 NAME	SAAVEDRA, LILLIAN
STREET ADDRESS	1315 S. ORANGE AVENUE	3.3 STREET ADDRESS	1315 S. ORANGE AVE.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO, FL. 32806
TITLE	PTD BECKNER, MARK <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D CHANG, KWANG UK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKNER, MARK	4.2 NAME	CHANG, KWANG UK
STREET ADDRESS	1315 S. ORANGE AVE.	4.3 STREET ADDRESS	1315 S. ORANGE AVE.
CITY-ST-ZIP	ORLANDO, FLORIDA 32806	4.4 CITY-ST-ZIP	ORLANDO, FL. 32806
TITLE	VSD HOFF, THEODORE <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFF, THEODORE	5.2 NAME	
STREET ADDRESS	1315 S. ORANGE AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FLORIDA 32806	5.4 CITY-ST-ZIP	
TITLE	D SAAVEDRA, LILLIAN <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAAVEDRA, LILLIAN	6.2 NAME	
STREET ADDRESS	1315 S. ORANGE AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FLORIDA 32806	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)