

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767344

1. Entity Name

ORLANDO MEDICAL PLAZA, INC.

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90013 018 ****70.00

Principal Place of Business

1315 S. ORANGE AVE., 2ND FLOOR
ORLANDO FL 32856-9002
US

Mailing Address

~~P.O. BOX 660508
ORLANDO FL 32856-0508
US~~

00065310



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1799 N. Belcher Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State

City & State

Clearwater, FL

4. FEI Number

59-2292064

Applied For

Not Applicable

Zip

Country

Zip

Country

33765

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BECKNER, MARK
1315 S. ORANGE AVE.
ORLANDO FL 32806~~

Name

Frank Tucker, Jr.

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

214 N. Hogan Street

FL0009 - 6th Floor

City

Jacksonville,

FL

Zip Code

32202

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~RTD~~ ☒ Delete
NAME ~~BECKNER, MARK~~
STREET ADDRESS ~~1315 S. ORANGE AVENUE~~
CITY-ST-ZIP ~~ORLANDO FL 32806~~

TITLE ☐ Change ☒ Addition
NAME President
STREET ADDRESS Frank Tucker, Jr.
CITY-ST-ZIP 214 N. Hogan Street, 6th Flr.-FL0009
Jacksonville, FL 32202

TITLE ~~VSD~~ ☒ Delete
NAME ~~HOFF, THEODORE~~
STREET ADDRESS ~~1315 S. ORANGE AVE~~
CITY-ST-ZIP ~~ORLANDO FL 32806~~

TITLE ☐ Change ☒ Addition
NAME Vice President
STREET ADDRESS Terry Simpkins
CITY-ST-ZIP 800 N. Magnolia Suite 700
Orlando, FL 32803

TITLE ~~D~~ ☒ Delete
NAME ~~SAAVEDRA LILLIAN, M.D.~~
STREET ADDRESS ~~1315 S. ORANGE AVENUE~~
CITY-ST-ZIP ~~ORLANDO FL 32806~~

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Theodore Hoff
CITY-ST-ZIP 1315 S. Orange Avenue, Suite 1A
Orlando, FL 32856

TITLE ~~D~~ ☒ Delete
NAME ~~CHANG, KWANG UK~~
STREET ADDRESS ~~1315 S. ORANGE AVE.~~
CITY-ST-ZIP ~~ORLANDO FL 32806~~

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Lillian Saavedra
CITY-ST-ZIP 1315 S. Orange Avenue, Suite 3D,E
Orlando, FL 32856

TITLE ~~VSD~~ ☒ Delete
NAME ~~HOFF, THEODORE~~
STREET ADDRESS ~~1315 S. ORANGE AVE.~~
CITY-ST-ZIP ~~ORLANDO FL 32806~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~D~~ ☒ Delete
NAME ~~SAAVEDRA LILLIAN~~
STREET ADDRESS ~~1315 S. ORANGE AVE.~~
CITY-ST-ZIP ~~ORLANDO FL 32806~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR21 (3/99)