

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

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

**DOCUMENT # 767344**

1. Entity Name

**ORLANDO MEDICAL PLAZA, INC.**

*R*

Principal Place of Business

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

Mailing Address

~~P.O. BOX 860508  
 ORLANDO FL 32856-0508  
 US~~

00065310



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1799 N. Belcher Road

Suite, Apt. #, etc.

Suite B

City & State

Clearwater, FL

Zip

33765

Country

USA

4. FEI Number

59-2292064

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

*Frank D. Tucker*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*June 15, 2000*

**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

TITLE	<del>RTD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>BECKNER, MARK</del>	
STREET ADDRESS	<del>1315 S. ORANGE AVENUE</del>	
CITY-ST-ZIP	<del>ORLANDO FL 32806</del>	
TITLE	<del>VSD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>HOFF, THEODORE</del>	
STREET ADDRESS	<del>1315 S. ORANGE AVE</del>	
CITY-ST-ZIP	<del>ORLANDO FL 32806</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>SAAVEDRA LILLIAN, M.D.</del>	
STREET ADDRESS	<del>1315 S. ORANGE AVENUE</del>	
CITY-ST-ZIP	<del>ORLANDO FL 32806</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>CHANG, KWANG UK</del>	
STREET ADDRESS	<del>1315 S. ORANGE AVE.</del>	
CITY-ST-ZIP	<del>ORLANDO FL 32806</del>	
TITLE	<del>VSD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>HOFF, THEODORE</del>	
STREET ADDRESS	<del>1315 S. ORANGE AVE.</del>	
CITY-ST-ZIP	<del>ORLANDO FL 32806</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>SAAVEDRA LILLIAN</del>	
STREET ADDRESS	<del>1315 S. ORANGE AVE.</del>	
CITY-ST-ZIP	<del>ORLANDO FL 32806</del>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Tucker, Jr.	
STREET ADDRESS	214 N. Hogan Street, 6th Flr.-F10009	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Simpkins	
STREET ADDRESS	800 N. Magnolia Suite 700	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theodore Hoff	
STREET ADDRESS	1315 S. Orange Avenue, Suite 1A	
CITY-ST-ZIP	Orlando, FL 32856	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lillian Saavedra	
STREET ADDRESS	1315 S. Orange Avenue, Suite 3D,E	
CITY-ST-ZIP	Orlando, FL 32856	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

*Frank D. Tucker*

Date

Daytime Phone #

*June 15, 2000*

CR21 (3/99)