5/10

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2001 8:00 am
Secretary of State

05-10-2001 90176 030 ***150.00

DOCUMENT # 767344

1. Entity Name

ORLANDO MEDICAL PLAZA, INC.

UR

Principal Place of Business	Mailing Address
1315 S. ORANGE AVE. ~~2ND FLOOR~~ ORLANDO FL 32856-9002 US	1799 NORTH BELCHER ROAD SUITE B CLEARWATER FL 33765 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 560862 Suite, Apt. #, etc.
City & State	City & State: ORLANDO, FL
Zip / Country	Zip: 32856 / Country: ~~ORANGE~~ U.S.

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
TUCKER, FRANK JR. 214 NORTH HOGAN STREET FL0000-6 FLOOR JACKSONVILLE FL 32202	Name: THOMAS F. WINTERS, JR, M.D. Street Address (P.O. Box Number is Not Acceptable): 1405 S. ORANGE AVENUE SUITE 601 City: ORLANDO FL Zip Code: 32806

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: Thomas Winters DATE: 6/26/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P ☒ Delete	TITLE	P D ☐ Change ☒ Addition
NAME	TUCKER, FRANK JR.	NAME	THOMAS F. WINTERS, JR, M.D.
STREET ADDRESS	214 NORTH HOGAN STREET 6 FLOOR	STREET ADDRESS	1405 S. ORANGE AVE
CITY-ST-ZIP	JACKSONVILLE FL 32202	CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	VP ☒ Delete	TITLE	VP D. ☒ Change ☒ Addition
NAME	SIMPKINS, TERRY	NAME	THEODORE HOFF
STREET ADDRESS	800 NORTH MAGNOLIA SUITE 700	STREET ADDRESS	1315 S. ORANGE AVENUE
CITY-ST-ZIP	ORLANDO FL 32803	CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D ☒ Delete	TITLE	S, T, D. ☐ Change ☒ Addition
NAME	HOFF, THEODORE	NAME	OSWALD SAAVEDRA
STREET ADDRESS	1315 SOUTH ORANGE AVE SUITE 1-A	STREET ADDRESS	1315 S. ORANGE AVE
CITY-ST-ZIP	ORLANDO FL 32856	CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	SAAVEDRA, LILLIAN	NAME	JAMES P KELAHER
STREET ADDRESS	1315 SOUTH ORANGE AVE SUITE 3-D, E	STREET ADDRESS	1405 S. ORANGE AVE, STE 601
CITY-ST-ZIP	ORLANDO FL 32856	CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	VSD ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	HOFF, THEODORE	NAME	GLEN D. WIELAND
STREET ADDRESS	1315 S. ORANGE AVE.	STREET ADDRESS	1405 S. ORANGE AVE, STE 601
CITY-ST-ZIP	ORLANDO FL 32806	CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	SAAVEDRA, LILLIAN	NAME	D. RAYMOND KNAPP
STREET ADDRESS	1315 S. ORANGE AVE.	STREET ADDRESS	1405 S. ORANGE AVE, STE 601
CITY-ST-ZIP	ORLANDO FL 32806	CITY-ST-ZIP	ORLANDO, FL 32806

CR2E037 (10/00)

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 REQUIRED — 4/27/01 — (407) 649-1097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #