

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767344

1. Entity Name

ORLANDO MEDICAL PLAZA, INC.

UP

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

P.O. Box 560862

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State
ORLANDO, FL

4. FEI Number

59-2292064

Applied For

Not Applicable

Zip

Country

Zip
32856

Country

ORLANDO U.S.

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Thomas Winters

6/26/01

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
NAME TUCKER, FRANK JR.
STREET ADDRESS 214 NORTH HOGAN STREET 6 FLOOR
CITY-ST-ZIP JACKSONVILLE FL 32202 Delete

TITLE P, D
NAME THOMAS F. WINTERS, JR, M.D.
STREET ADDRESS 1405 S. ORANGE AVE
CITY-ST-ZIP ORLANDO, FL 32806 Change Addition

TITLE VP
NAME SIMPKINS, TERRY
STREET ADDRESS 800 NORTH MAGNOLIA SUITE 700
CITY-ST-ZIP ORLANDO FL 32803 Delete

TITLE VP, D.
NAME THEODORE HOFF
STREET ADDRESS 1315 S. ORANGE AVENUE
CITY-ST-ZIP ORLANDO, FL 32806 Change Addition

TITLE D
NAME HOFF, THEODORE
STREET ADDRESS 1315 SOUTH ORANGE AVE SUITE 1-A
CITY-ST-ZIP ORLANDO FL 32856 Delete

TITLE S, T, D.
NAME OSWALD SAAVEDRA
STREET ADDRESS 1315 S. ORANGE AVE
CITY-ST-ZIP ORLANDO, FL 32806 Change Addition

TITLE D
NAME SAAVEDRA, LILLIAN
STREET ADDRESS 1315 SOUTH ORANGE AVE SUITE 3-D, E
CITY-ST-ZIP ORLANDO FL 32856 Delete

TITLE D
NAME JAMES P KELAHER
STREET ADDRESS 1405 S. ORANGE AVE, STE 601
CITY-ST-ZIP ORLANDO, FL 32806 Change Addition

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

TITLE D
NAME GLEN D. WIELAND
STREET ADDRESS 1405 S. ORANGE AVE, STE 601
CITY-ST-ZIP ORLANDO, FL 32806 Change Addition

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

TITLE D
NAME D. RAYMOND KNAPP
STREET ADDRESS 1405 S. ORANGE AVE, STE 601
CITY-ST-ZIP ORLANDO, FL 32806 Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 (407) 649-1097
Date Daytime Phone #

CR2E037 (10/00)