

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90106 038 ****61.25

DOCUMENT # 767344

1. Entity Name

ORLANDO MEDICAL PLAZA, INC.

Principal Place of Business

Mailing Address

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

**PO BOX 560862
 ORLANDO FL 32856
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2292064

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WINTERS, THOMAS F JR, MD
 1405 S ORANGE AVENUE
 SUITE 601
 ORLANDO FL 32806**

Name

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

City

FL

Zip Code

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	PD	<input type="checkbox"/> Delete
NAME	WINTERS, THOMAS F JR, MD	
STREET ADDRESS	1405 S ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SAAVEDRA, OSWALD	
STREET ADDRESS	1315 S ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELAHER, JAMES P	
STREET ADDRESS	1405 S ORANGE AVENUE, STE 601	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAAVEDRA, LILLIAN	
STREET ADDRESS	1315 SOUTH ORANGE AVE SUITE 3-D, E	
CITY-ST-ZIP	ORLANDO FL 32856	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOFF, THEODORE	
STREET ADDRESS	1315 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIELAND, GLEN D	
STREET ADDRESS	1405 S ORANGE AVENUE, STE 6010	
CITY-ST-ZIP	ORLANDO FL 32806	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-02

Date

407-649-1097

Daytime Phone #

CR2E037 (9/01)