


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 767344</b> 1. Entity Name ORLANDO MEDICAL PLAZA, INC.	
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Principal Place of Business 1315 S. ORANGE AVE., 2ND FLOOR ORLANDO, FL 32856-9002 US	Mailing Address PO BOX 560862 ORLANDO, FL 32856 US
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04072004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-2292064	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

1100000117901

04/19/04-80038-010 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINTERS, THOMAS F JR, MD 1405 S ORANGE AVENUE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAAVEDRA, OSWALD 1315 S ORANGE AVENUE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELAHY, JAMES P 1405 S ORANGE AVENUE, STE 601 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAAVEDRA, LILLIAN 1315 SOUTH ORANGE AVE SUITE 3-D, E ORLANDO, FL 32856
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOFF, THEODORE 1315 S. ORANGE AVE. ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WIELAND, GLEN D 1405 S ORANGE AVENUE, STE 6010 ORLANDO, FL 32806

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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: Thomas Winters 4/19/04 407-649-1095  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #