2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

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

04122006 No Chg-NP CR2E037 (11/05)

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

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

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WINTERS, THOMAS F JR, MD
STREET ADDRESS	1405 S ORANGE AVENUE
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	SAAVEDRA, OSWALD
STREET ADDRESS	1315 S ORANGE AVENUE
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	VPD
NAME	KELAHER, JAMES P
STREET ADDRESS	1405 S ORANGE AVENUE, STE 601
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	SAAVEDRA, LILLIAN
STREET ADDRESS	1315 SOUTH ORANGE AVE SUITE 3-D, E
CITY-ST-ZIP	ORLANDO, FL 32858
TITLE	STD
NAME	WIELAND, GLEN D
STREET ADDRESS	1405 S ORANGE AVENUE, STE 6010
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000513966
04/29/06-80151-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4-12-06 407-649-1097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #