


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # 767344</b> 1. Entity Name ORLANDO MEDICAL PLAZA, INC.	
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<i>Principal Place of Business</i> 1315 S. ORANGE AVE., 2ND FLOOR ORLANDO, FL 32856-9002 US	<i>Mailing Address</i> PO BOX 560862 ORLANDO, FL 32856 US
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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 <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

WINTERS, THOMAS F JR, MD  
1405 S ORANGE AVENUE  
SUITE 601  
ORLANDO, FL 32808

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD WINTERS, THOMAS F JR, MD 1405 S ORANGE AVENUE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAAVEDRA, OSWALD 1315 S ORANGE AVENUE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KELAHAR, JAMES P 1405 S ORANGE AVENUE, STE 601 ORLANDO, FL 32808
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	STD WIELAND, GLEN D 1405 S ORANGE AVENUE, STE 6010 ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000513966  
04/29/06-80151-012 61.25

**DO NOT WRITE IN THIS SPACE**

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:** Thomas Winters **4-12-06** **407-649-1097**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #