



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 767344	
1. Entity Name ORLANDO MEDICAL PLAZA, INC.	

Principal Place of Business 1315 S. ORANGE AVE., 2ND FLOOR ORLANDO, FL 32856-9002 US	Mailing Address PO BOX 560862 ORLANDO, FL 32856 US
---	---

DO NOT WRITE IN THIS SPACE



04112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2292064	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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 re-registering) DATE _____

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 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	VPD KELAHER, 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	STD WIELAND, GLEN D 1405 S ORANGE AVENUE, STE 6010 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000712584
04/26/07-80055-002 61.25

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 F. Winters, Jr. 4-11-07 407-649-1097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Thomas F. Winters, Jr., M.D.