

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767344

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** ORLANDO MEDICAL PLAZA, INC.

**Current Principal Place of Business:**

1315 S. ORANGE AVE., 2ND FLOOR  
ORLANDO, FL 328569002 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 560862  
ORLANDO, FL 32856 US

**New Mailing Address:**

FEI Number: 59-2292064

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WINTERS, THOMAS F JR, MD  
Address: 1405 S ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32806

Title: D  
Name: SAAVEDRA, OSWALD  
Address: 1315 S ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32806

Title: VPD  
Name: KELAHER, JAMES P  
Address: 1405 S ORANGE AVENUE, STE 601  
City-St-Zip: ORLANDO, FL 32806

Title: STD  
Name: WIELAND, GLEN D  
Address: 1405 S ORANGE AVENUE, STE 6010  
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS F. WINTERS, JR., M.D.,

PD

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date