

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90263 039 \*\*\*\*61.25

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2292064**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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

**7. Name and Address of New Registered Agent**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **PD** ☐ Delete  
NAME **WINTERS, THOMAS F JR, MD**  
STREET ADDRESS **1405 S ORANGE AVENUE**  
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD** ☐ Delete  
NAME **SAAVEDRA, OSWALD**  
STREET ADDRESS **1315 S ORANGE AVENUE**  
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D** ☒ Change ☐ Addition  
NAME **SAAVEDRA, OSWALD**  
STREET ADDRESS **1315 S. ORANGE AVENUE**  
CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE **D** ☐ Delete  
NAME **KELAHAR, JAMES P**  
STREET ADDRESS **1405 S ORANGE AVENUE, STE 601**  
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SAAVEDRA, LILLIAN**  
STREET ADDRESS **1315 SOUTH ORANGE AVE SUITE 3-D, E**  
CITY-ST-ZIP **ORLANDO FL 32856**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
NAME **HOFF, THEODORE**  
STREET ADDRESS **1315 S. ORANGE AVE.**  
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **WIELAND, GLEN D**  
STREET ADDRESS **1405 S ORANGE AVENUE, STE 6010**  
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **STD** ☐ Change ☐ Addition  
NAME **WIELAND, GLENN D.**  
STREET ADDRESS **1405 S ORANGE AVE STE 601**  
CITY-ST-ZIP **ORLANDO, FL 32806**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*SIGNATURE REQUIRED*

4-28-03 (407)649-1097

CR2E037 (10/02)