

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # C93000000009 (4)  
1. Corporation Name

WEST ORANGE HEALTHCARE DISTRICT, INC.

Principal Place of Business

10000 WEST COLONIAL DR.  
OCOE FL 34761

Mailing Address

P.O. BOX 614007  
ORLANDO FL 32861-4007

FILED  
May 20, 1996 08:00 AM  
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/26/1949		3a. Date of Last Report 07/11/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-0660025		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

WRIGHT, LYNN W  
886 S. DILLARD STREET  
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, JOHN	
STREET ADDRESS	1741 WOODY DRIVE	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	C	<input type="checkbox"/> DELETE
NAME	GRIER, EDDIE	
STREET ADDRESS	8814 BAY VILLA COURT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	V	<input type="checkbox"/> DELETE
NAME	AHRENDT, PATRICIA	
STREET ADDRESS	1556 SACKETT CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	COBB, WALTON JR.	
1.3 STREET ADDRESS	718 STINNETT DRIVE	
1.4 CITY-ST-ZIP	OCOE FL 34761	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CAOS, ANTONIO MD	
4.3 STREET ADDRESS	11140 W COLONIAL DRIVE STE #3	
4.4 CITY-ST-ZIP	OCOE FL 34761	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	000001831110	
5.4 CITY-ST-ZIP	-05/21/96--01013--003	
6.1 TITLE	***61.25	
6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Walton Cobb Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

(407) 296-1800

Date

Daytime Phone #

CR2E037 (12/95)