

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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



3. Date Incorporated or Qualified

05/26/1949

4. FEI Number

59-0660025

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 10000 W. Colonial Drive

27 Suite, Apt. #, etc.

28 City & State

Ocoee, FL 34761

29 Zip

30 Country

Orange

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ 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
Richard M. Irwin, Jr., President

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

10000 W. Colonial Drive

84 City
Ocoee

85 Zip Code
FL 34761

11. Pursuant to the provisions of sections 617.0502 and 617.0508, 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COBB, WALTON JR.
718 STINNETT DR.
OCOE FL 34761

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GRIER, EDDIE
8814 BAY VILLA COURT
ORLANDO FL 32819

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AHRENDT, PATRICIA
1556 SACKETT CIRCLE
ORLANDO FL 32818

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CAOS, ANTONIO MD
11140 W. COLONIAL DR., STE #3
OCOE FL 34761

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
T
JOHN E. MURPHY, JR
1741 WOODY DR
WINDERMERE, FL 34786

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
T
JOHN M. CAPPELMAN MD
10000 W COLONIAL DR, SUITE 1403
OCOE, FL 34761

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
T
H. GERALD JOWERS
13178 W COLONIAL DR
WINTER GARDEN, FL 34787

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)