

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

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1. Corporation Name

WEST ORANGE HEALTHCARE DISTRICT, INC.

Principal Place of Business

10000 WEST COLONIAL DR.
OCOE FL 34761

Mailing Address

10000 WEST COLONIAL DR.
OCOE FL 34761



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/26/1949

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 ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IRWIN, RICHARD M JR
10000 WEST COLONIAL DR.
OCOE FL 34761

81 Name

Irwin, Richard M. Jr.

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 of 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☐ DELETE
NAME COBB, WALTON JR
STREET ADDRESS 718 STINNETT DR.
CITY-ST-ZIP OCOEE FL 34761

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2808 Tropic Court
1.4 CITY-ST-ZIP Winter Garden, FL 34787

T ☐ DELETE
NAME MURPHY, JOHN E JR
STREET ADDRESS 1741 WOODY DR
CITY-ST-ZIP WINDERMERE FL 34786

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

T ☐ DELETE
NAME CAPPELMAN, JOHN M MD
STREET ADDRESS 10000 W COLONIAL DR, SUITE 1403
CITY-ST-ZIP OCOEE FL 34761

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

T ☐ DELETE
NAME JOWERS, H. GERALD
STREET ADDRESS 13178 W COLONIAL DR
CITY-ST-ZIP WINTER GARDEN FL 34787

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)