

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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



FILED
97 MAY 16 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **J38679** (3)
1. Corporation Name
ORLANDO H.M.A., INC.

Principal Place of Business Mailing Address
% HMA CORPORATE CENTER 5811 PELICAN BAY BLVD. S500 NAPLES FL 33963-2706
% HMA CORPORATE CENTER 5811 PELICAN BAY BLVD. S500 NAPLES FL 34108-2752

| | | | | | | | |
|---|--|---------------------|--|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 | | 26 | | 10/20/1986 | | 04/24/1996 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 22 | | 27 | | 59-2754032 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| 23 | | 28 | | <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Zip | | Country | | Zip | | Country | |
| 24 34108 | | 25 | | 29 | | 30 | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| GARLICK, THOMAS B. 800 LAUREL OAK DR. SUITE 400 NAPLES FL 33963-2738 | | | | 81 Name CT Corporation System | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road | | | |
| | | | | 83 | | | |
| | | | | 84 City Plantation | | | |
| | | | | 85 Zip Code FL 33324 | | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. | | | | | | | |
| SIGNATURE | | | | DATE | | | |
| PETER F. SOUZA ASSISTANT SECRETARY | | | | 5/13/97 | | | |

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | CPD | <input type="checkbox"/> DELETE |
| NAME | SCHOEN, WILLIAM J. | |
| STREET ADDRESS | 5811 PELICAN BAY BLVD | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | VTD | <input type="checkbox"/> DELETE |
| NAME | RAY, STEPHEN M. | |
| STREET ADDRESS | 5811 PELICAN BAY BLVD. STE 500 | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | SVD | <input type="checkbox"/> DELETE |
| NAME | SMITH, ROBB L. | |
| STREET ADDRESS | 5811 PELICAN BAY BLVD SUITE 500 | |
| CITY-ST-ZIP | NAPLES FL | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 300002183313--9 |
| 1.4 CITY-ST-ZIP | -05/19/97--01130--003 |
| 2.1 TITLE | ***165.00 |
| 2.2 NAME | ***165.00 |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robb L. Smith* 4/28/97 (941) 598-3051

CR2E034 (9/96)