

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

DOCUMENT # J38679

(3)

1. Corporation Name
ORLANDO H.M.A., INC.

FILED

97 MAY 16 PM 2: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

% HMA CORPORATE CENTER
5811 PELICAN BAY BLVD. S500
NAPLES FL 33963-2708

Mailing Address

% HMA CORPORATE CENTER
5811 PELICAN BAY BLVD. S500
NAPLES FL 34108-2752

2. Principal Place of Business

21 Suite, Apt. #, etc.

22

23

24 Zip 34108

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27

28 City & State

29 Zip

Country

30

3. Date Incorporated or Qualified

10/20/1986

3a. Date of Last Report

04/24/1996

4. FEI Number

59-2754032

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GARLICK, THOMAS B.
800 LAUREL OAK DR.
SUITE 400
NAPLES FL 33963-2738

10. Name and Address of New Registered Agent

81 Name

CT Corporation System

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

1200 S. Pine Island Road

83

84 City

Plantation

FL

85 Zip Code

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 accepting obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable (None) Registered Agent signature required when reinstating)

DATE

5/13/97

12. OFFICERS AND DIRECTORS

TITLE CPD ☐ DELETE

NAME SCHOEN, WILLIAM J.
STREET ADDRESS 5811 PELICAN BAY BLVD
CITY-ST-ZIP NAPLES FL

TITLE VTD ☐ DELETE

NAME RAY, STEPHEN M.
STREET ADDRESS 5811 PELICAN BAY BLVD. STE 500
CITY-ST-ZIP NAPLES FL

TITLE SVD ☐ DELETE

NAME SMITH, ROBB L.
STREET ADDRESS 5811 PELICAN BAY BLVD SUITE 500
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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****165.00 ****165.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

Date

(941) 598-3051

Daytime Phone #

CR2E034 (9/96)