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**Apr 26, 1999 8:00 am**  
**Secretary of State**

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # J38679

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

Principal Place of Business  
 % HMA CORPORATE CENTER  
 5811 PELICAN BAY BLVD. S500  
 NAPLES FL 34108  
 US

Mailing Address  
 % HMA CORPORATE CENTER  
 5811 PELICAN BAY BLVD. S500  
 NAPLES FL 34108  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/20/1986**

4. FEI Number  
**59-2754032**

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 owes the current year intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 Zip Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

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 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
CD	SCHOEN, WILLIAM J. 5811 PELICAN BAY BLVD NAPLES FL		
VTD	RAY, STEPHEN M. 5811 PELICAN BAY BLVD. STE 500 NAPLES FL		
SVD	PARRY, TIMOTHY R 5811 PELICAN BAY BLVD, STE 500 NAPLES FL		
		P	Joseph V. Vumbacco 5811 Pelican Bay Blvd., Suite 500 Naples, FL 34108
		VC	Earl Holland 5811 Pelican Bay Blvd., Suite 500 Naples, FL 34108

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 607, 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: Timothy R. Parry VP/Secretary 3-15-99 (941) 598-3176  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)