

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90158 028 ***150.00

0396718

DOCUMENT # J38679

1. Entity Name

ORLANDO H.M.A., INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2754032**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	SCHOEN, WILLIAM J.	
STREET ADDRESS	5811 PELICAN BAY BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	VTD	<input checked="" 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	PARRY, TIMOTHY R	
STREET ADDRESS	5811 PELICAN BAY BLVD, STE 500	
CITY-ST-ZIP	NAPLES FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	VUMBACCO, JOSEPH V	
STREET ADDRESS	5811 PELICAN BAY BLVD., SUITE 500	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	HOLLAND, EARL	
STREET ADDRESS	5811 PELICAN BAY BLVD., SUITE 500	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Farnham, Robert E.	
STREET ADDRESS	5811 Pelican Bay Blvd., Suite 500	
CITY-ST-ZIP	Naples, FL 34108	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Farnham

3-15-2001

Date

(941) 598-3051

Daytime Phone #

CR2E034 (10/00)