

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003934

FILED  
Feb 10, 2012  
Secretary of State

**Entity Name:** ORLANDO HEALTH HOLDING, INC.

**Current Principal Place of Business:**

225 E. ROBINSON STREET  
SUITE 600  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

225 E. ROBINSON STREET  
SUITE 600  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LUSSIER, JAMES R  
225 E. ROBINSON STREET  
SUITE 600  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BOGNER, JAMES B  
Address: 225 E. ROBINSON STREET STE 600  
City-St-Zip: ORLANDO, FL 32801 US

Title: D  
Name: LUSSIER, JAMES R  
Address: 225 E. ROBINSON STREET STE 600  
City-St-Zip: ORLANDO, FL 32801 FL

Title: D  
Name: THALWITZER, KURT E  
Address: 225 E. ROBINSON STREET STE 600  
City-St-Zip: ORLANDO, FL 32801 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KURT E THALWITZER

D

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date