

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # N15578

1. Entity Name
ORMC/ST. CLOUD PHYSICIANS' BUILDING, INC.



Principal Place of Business
1600 BUDINGER AVENUE
ST. CLOUD, FL 34769

Mailing Address
604 OAK COMMOMS BLVD
KISSIMMEE, FL 34741



04252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2806636

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, DOUGLAS J
1600 BUDINGER AVENUE
ST. CLOUD, FL 32769

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000340663
04/28/05-80125-011 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MORROW, PETER
STREET ADDRESS 1600 BUDINGER AVENUE
CITY-ST-ZIP ST.CLOUD, FL 34769

TITLE VD
NAME KARR, MICHAEL
STREET ADDRESS 1600 BUDINGER AVENUE
CITY-ST-ZIP ST. CLOUD, FL 34769

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

4/28/05 (407) 896-6601
Date Daytime Phone #