

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90085 021 ****61.25

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 COMMONS BLVD
KISSIMMEE, FL 34741

50013256



04112006 No Chg-NP

CR2E037 (11/05)

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORROW, PETER 1600 BUDINGER AVENUE ST.CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KARR, MICHAEL 1600 BUDINGER AVENUE ST. CLOUD, FL 34769
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/13/06

Date

407-846-1004

Daytime Phone #