
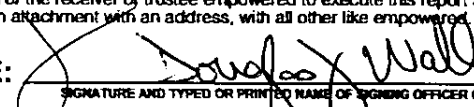


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90067 040 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WALKER, DOUGLAS J 1600 BUDINGER AVENUE ST. CLOUD, FL 32769				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		<input type="checkbox"/> Delete		
NAME	MORROW, PETER		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1600 BUDINGER AVENUE				
CITY-ST-ZIP	ST.CLOUD, FL 34769				
TITLE	VD		<input type="checkbox"/> Delete		
NAME	KARR, MICHAEL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1600 BUDINGER AVENUE				
CITY-ST-ZIP	ST. CLOUD, FL 34769				
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
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					
Date _____ Daytime Phone # _____					

40013285



02072007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2806636

Applied For
Not Applicable

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