

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90043 038 ****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

40045013



02252008 No Chg-NP

CR2E037 (4/06)

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

*Walker - Please
Collect*

**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

Douglas Walker

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

Michael A. Karr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/08
Date

Daytime Phone #