

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24576

FILED
Apr 24, 2006
Secretary of State

Entity Name: ORANGE COUNTY MEDICAL SOCIETY ALLIANCE, INC.

Current Principal Place of Business:

901 N. LAKE DESTINY DRIVE
SUITE 385
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

901 N. LAKE DESTINY DRIVE
SUITE 385
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 59-6137402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NASH, CYNTHIA B
901 N. LAKE DESTINY DRIVE
SUITE 385
MAITLAND, FL 32751 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: P () Delete
Name: HALE, ELAINE W
Address: 1136 GATLIN AVE
City-St-Zip: ORLANDO, FL 32806

Title: 1VP () Delete
Name: TOKE, ALICIA
Address: 1640 CHERRY RIDGE DRIVE
City-St-Zip: HEATHROW, FL 32746

Title: VPD () Delete
Name: SIVANESAN, RENUKA
Address: 765 BEAR CREEK CCIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S (X) Delete
Name: STIEG, SHARON
Address: 251 SALVADOR SQUARE
City-St-Zip: WINTER PARK, FL 32789

Title: S () Delete
Name: LOPEZ, ANN
Address: 1476 CHIPPAWA TRAIL
City-St-Zip: GENEVA, FL 32732

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STIEG, SHARON
Address: 251 SALVADOR SQUARE
City-St-Zip: WINTER PARK, FL 32789

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHARON STIEG

P

04/24/2006

Electronic Signature of Signing Officer or Director

Date