## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N24576

FILED Mar 14, 2007 Secretary of State

Entity Name: ORANGE COUNTY MEDICAL SOCIETY ALLIANCE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 901 N. LAKE DESTINY DRIVE SUITE 385 MAITLAND, FL 32751 **New Mailing Address: Current Mailing Address:** 901 N. LAKE DESTINY DRIVE SUITE 385 MAITLAND, FL 32751 US FEI Number: 59-6137402 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NASH, CYNTHIA B BOSCAN, MELANIE S 901 N. LAKE DESTINY DRIVE 901 N. LAKE DESTINY DRIVE SUITE 385 SUITE 385 MAITLAND, FL 32751 US MAITLAND, FL 32751 US 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: MELANIE BOSCAN 03/14/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition STIEG. SHARON Name: Name: 251 SALVADOR SQUARE Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: Title: PΕ () Delete (X) Change ( ) Addition TOKE, ALICIA Name: LOPEZ, ANN Name: Address: 1640 CHERRY RIDGE DRIVE Address: 1476 CHIPPEWA LANE City-St-Zip: HEATHROW, FL 32746 City-St-Zip: GENEVA, FL 32732 Title: VPD () Delete Title: (X) Change ( ) Addition SIVANESAN, RENUKA SIVANESAN, RENUKA Name: Name: 765 BEAR CREEK CCIRCLE 765 BEAR CREEK CCIRCLE Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708 ( ) Delete Title: Title: 1VP (X) Change ( ) Addition Name: LOPEZ, ANN Name: OPPENHEIM, NINA 1476 CHIPPAWA TRAIL Address: Address: 2013 WAYHAVEN COURT City-St-Zip: GENEVA, FL 32732 City-St-Zip: MAITLAND, FL 32751 Title: () Delete Title: ( ) Change (X) Addition BENNETT, MELANIE Name: Name: 8606 CRESTGATE CIRCLE Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32819 Title: () Delete Title: ( ) Change (X) Addition MENKIN, CHRIS Name: Name: Address: Address: 1885 TEMPLE DRIVE WINTER PARK, FL 32789 City-St-Zip: 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 PRES 03/14/2007