

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24576

FILED
Mar 04, 2009
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:

BOSCAN, MELANIE S
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: SEC () Delete
Name: MENKIN, CHRIS
Address: 1885 TEMPLE DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: P () Delete
Name: LOPEZ, ANN
Address: 1476 CHIPPEWA LANE
City-St-Zip: GENEVA, FL 32732

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

Title: 1VP () Delete
Name: OPPENHEIM, NINA
Address: 2013 WAYHAVEN COURT
City-St-Zip: MAITLAND, FL 32751

Title: TRES (X) Delete
Name: SANTAMBROSIO, ADRIANA
Address: 7965 SOUTH PARK PLACE
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRES (X) Change () Addition
Name: NOBIE, ADINA
Address: 2107 WILLOW LAUREN LANE
City-St-Zip: WINDERMERE, FL 34756

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

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

Title: 1VP (X) Change () Addition
Name: GOLDMAN, LISA
Address: 428 RACON STREET
City-St-Zip: LAKE MARY, FL 32746

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

I hereby certify that the information supplied with this filing does not qualify 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: MELANIE BOSCAN

ED

03/04/2009

Electronic Signature of Signing Officer or Director

Date