2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2010
Secretary of State

DOCUMENT# N24576

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:

MAHOOD, LANE M
901 N. LAKE DESTINY DRIVE
SUITE 385
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: LANE MAHOOD 01/15/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TRES
Name: NOBIE, ADINA
Address: 2107 WILLOW LAUREN LANE
City-St-Zip: WINDERMERE, FL 34756

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

Title: P
Name: SIVANESAN, RENUKA
Address: 765 BEAR CREEK CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: 1VP
Name: GOLDMAN, LISA
Address: 428 RACOON STREET
City-St-Zip: LAKE MARY, FL 32746

I hereby 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 all other like empowered.

SIGNATURE: LANE MAHOOD ED 01/15/2010
Electronic Signature of Signing Officer or Director Date