## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24576

FILED Feb 10, 2011 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 1870 ALOMA AVENUE

SUITE 385 SUITE 250

MAITLAND, FL 32751 US WINTER PARK, FL 32789 US

Current Mailing Address: New Mailing Address:

901 N. LAKE DESTINY DRIVE 1870 ALOMA AVENUE

SUITE 385 SUITE 250

MAITLAND, FL 32751 US WINTER PARK, FL 32789 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:

MAHOOD, LANE M RAPALJE, CHRISTINA S
901 N. LAKE DESTINY DRIVE 1870 ALOMA AVENUE
SUITE 385 SUITE 250

SUITE 385 SUITE 250 MAITLAND, FL 32751 US WINTER PARK, FL 32789 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: CHRISTINA S. RAPALJE 02/10/2011

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: NOBIE, ADINA

Address: 2107 WILLOW LAUREN LANE City-St-Zip: WINDERMERE, FL 34756

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: ADINA NOBIE TRES 02/10/2011