

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28325

FILED
Jan 15, 2010
Secretary of State

Entity Name: ORANGE COUNTY MEDICAL FOUNDATION, INC.

Current Principal Place of Business:

901 N. LAKE DESTINY ROAD
STE 385
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

901 N. LAKE DESTINY ROAD
STE 385
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 59-2932719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAFER, MICHAEL R
541 S. ORLANDO AVENUE, STE. 300
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

MURPHY, MARK E CPA
200 WAYMONT COURT
#126-3
LAKE MARY, FL 32746 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: MARK E. MURPHY

01/15/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: MICKLAVZINA, CONNIE D MD
Address: 901 N. LAKE DESTINY DRIVE, SUITE 385
City-St-Zip: MAITLAND, FL 32751

Title: SEC
Name: SHERIN, KEVIN M MD
Address: 901 N. LAKE DESTINY DRIVE, SUITE 385
City-St-Zip: MAITLAND, FL 32751

Title: TRES
Name: BRENNER, LAURENCE H MD
Address: 901 N LAKE DESTINY DR., #385
City-St-Zip: MAITLAND, FL 32751

Title: VP
Name: WILLARD, SARAH C MD
Address: 901 N LAKE DESTINY DR., #385
City-St-Zip: MAITLAND, FL 32751

Title: ED
Name: MAHOOD, LANE M
Address: 901 N. LAKE DESTINY DR., STE 385
City-St-Zip: MAITLAND, FL 32751

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 M. MAHOOD

ED

01/15/2010

Electronic Signature of Signing Officer or Director

Date