

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28325

FILED  
Mar 04, 2011  
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:**

1870 ALOMA AVENUE  
SUITE 250  
WINTER PARK, FL 32789 US

**Current Mailing Address:**

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

**New Mailing Address:**

1870 ALOMA AVENUE  
SUITE 250  
WINTER PARK, FL 32789 US

**FEI Number:** 59-2932719

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MURPHY, MARK E CPA  
200 WAYMONT COURT  
#126-3  
LAKE MARY, FL 32746 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: PRES  
Name: SIVANESAN, SIVA MD  
Address: 1870 ALOMA AVENUE, SUITE 250  
City-St-Zip: WINTER PARK, F 32789

Title: VP  
Name: CRUM, JAMES MD  
Address: 1870 ALOMA AVENUE, SUITE 250  
City-St-Zip: WINTER PARK, FL 32789

Title: TRES  
Name: HALPERIN, LAWRENCE MD  
Address: 1870 ALOMA AVENUE, SUITE 250  
City-St-Zip: WINTER PARK, FL 32789

Title: SEC  
Name: WILLARD, SARAH C MD  
Address: 1870 ALOMA AVENUE, SUITE 250  
City-St-Zip: WINTER PARK, FL 32789

Title: ED  
Name: RAPALJE, CHRISTINA S  
Address: 1870 ALOMA AVENUE, SUITE 250  
City-St-Zip: WINTER PARK, FL 32789

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: CHRISTINA S. RAPALJE

ED

03/04/2011

Electronic Signature of Signing Officer or Director

Date