

FILE NOW: FILING FEE IS \$61.25

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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32766** (0)

1. Corporation Name

ORLANDO MEDICAL PLAZA, PHASE II, INC.



Principal Place of Business	Mailing Address
1315 S ORANGE AVENUE, 2ND FLOOR P. O. BOX 562002 - delete ORLANDO FL 32856-2002 US	1315 S ORANGE AVENUE, 2ND FLOOR P. O. BOX 562002 - delete ORLANDO FL 32856-2002

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 1315 S. Orange Ave.
22 City & State	27 2nd FL.
23 Zip	28 City & State
24 Country	29 32806
25	30 Country

3. Date Incorporated or Qualified
06/09/1989

4. FEI Number **59-2953534**
Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**COOLIDGE, ROBERT C.
1315 S ORANGE AVENUE, 2ND FLOOR
ORLANDO, FL 32856-2002**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, JAMES, F., JR.	1.2 NAME	
STREET ADDRESS	1315 S ORANGE AV, 2ND FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKSOD, WADIAH S.	2.2 NAME	
STREET ADDRESS	1315 S ORANGE AV, 2ND FL	2.3 STREET ADDRESS	1700 Lucerne Terrace
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, Fla 32806
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOLIDGE, ROBERT	3.2 NAME	
STREET ADDRESS	1315 S ORANGE AV, 2ND FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANG, KWANG U.	4.2 NAME	
STREET ADDRESS	1315 S ORANGE AV, 2ND FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	Vice <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Vice President
STREET ADDRESS		5.3 STREET ADDRESS	Thomas F. Winters, Jr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	1405 S. Orange Ave, 6th Fl.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert C. Coolidge** **Robert C. Coolidge** **2-7-98** **(407) 425-8802**

CR2E037 (10/97)