

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90052 039 ****61.25

DOCUMENT # N32766

1. Corporation Name

ORLANDO MEDICAL PLAZA, PHASE II, INC.

Principal Place of Business

1315 S ORANGE AVENUE, 2ND FLOOR
P. O. BOX 562002
ORLANDO FL 32856-2002
US

Mailing Address

1315 S ORANGE AVE
2ND FLOOR
ORLANDO FL 32806
US

2. Principal Place of Business

21 **1405 S. ORANGE AVE.**

2a. Mailing Address

26 **P.O. Box 560862**

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 **SUITE 601**

City & State

City & State

23 **ORLANDO, FL**28 **ORLANDO, FL**

Zip

Country

Zip

Country

24 **32806** 25 **U.S.**29 **32856-0862** 30 **U.S.**

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 Required6. Election Campaign Financing ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

COOLIDGE, ROBERT C.
1315 S ORANGE AVENUE, 2ND FLOOR
ORLANDO, FL 32856-9002

10. Name and Address of New Registered Agent

81 Name **THOMAS F. WINTERS, JR., M.D.**
82 Street Address (P.O. Box Number is Not Acceptable)
1405 S. ORANGE AVE.
83
84 City **ORLANDO** FL 85 Zip Code **32806**

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: **Thomas F. Winters, Jr.**
Signature, typed or printed name of registered agent and title if applicable.**THOMAS F. WINTERS, JR., M.D.**

DATE

4-22-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **RICHARDS, JAMES, F., JR.**
STREET ADDRESS **1315 S ORANGE AV, 2ND FL**
CITY-ST-ZIP **ORLANDO FL**TITLE **D** ☒ DELETE
NAME **MACKSOU, WADIAH S.**
STREET ADDRESS **1700 LUCERNE TERRACE**
CITY-ST-ZIP **ORLANDO FL 32806**TITLE **ST** ☒ DELETE
NAME **COOLIDGE, ROBERT**
STREET ADDRESS **1315 S ORANGE AV, 2ND FL**
CITY-ST-ZIP **ORLANDO FL**TITLE **D** ☒ DELETE
NAME **CHANG, KWANG U.**
STREET ADDRESS **1315 S ORANGE AV, 2ND FL**
CITY-ST-ZIP **ORLANDO FL**TITLE **VP** ☐ DELETE
NAME **WINTERS, THOMAS F JR**
STREET ADDRESS **1405 S ORANGE AVE, 6TH FL**
CITY-ST-ZIP **ORLANDO FL 32806**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **THOMAS F. WINTERS, JR., M.D.**
1.3 STREET ADDRESS **1405 S. ORANGE AVE, STE 601**
1.4 CITY-ST-ZIP **ORLANDO, FL 32806**2.1 TITLE **V/D** ☐ Change ☒ Addition
2.2 NAME **MICHAEL J. BROOM, M.D.**
2.3 STREET ADDRESS **1405 S. ORANGE AVE, STE 601**
2.4 CITY-ST-ZIP **ORLANDO, FL 32806**3.1 TITLE **C/T/D** ☐ Change ☒ Addition
3.2 NAME **CHARLES T. PRICE, M.D.**
3.3 STREET ADDRESS **1405 S. ORANGE AVE, STE 601**
3.4 CITY-ST-ZIP **ORLANDO, FL 32806**4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **J. DEAN COLE, M.D.**
4.3 STREET ADDRESS **1405 S. ORANGE AVE, STE 601**
4.4 CITY-ST-ZIP **ORLANDO, FL 32806**5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **JAMES P. KELAHER**
5.3 STREET ADDRESS **1405 S. ORANGE AVE, STE 601**
5.4 CITY-ST-ZIP **ORLANDO, FL 32806**6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **GLEN D. WIELAND**
6.3 STREET ADDRESS **1405 S. ORANGE AVE, STE 601**
6.4 CITY-ST-ZIP **ORLANDO FL 32806**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS F. WINTERS, JR., M.D.**4-22-99** (407) 649-1097

Date

Daytime Phone #

CR2E037 (11/98)