

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90001 019 \*\*\*\*61.25

**DOCUMENT # N32766**

1. Entity Name

**ORLANDO MEDICAL PLAZA, PHASE II, INC.**

Principal Place of Business

Mailing Address

**1405 SOUTH ORANGE AVENUE  
SUITE #601  
ORLANDO FL 32806  
US****P.O. BOX 560862  
ORLANDO FL 32856-0862  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2952534**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****WINTERS, THOMAS F JR, MD  
1405 S ORANGE AVE  
ORLANDO, FL 32806**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **SDT** ☐ Delete  
NAME **PRICE, CHARLES T MD**  
STREET ADDRESS **1405 S ORANGE AVE, STE 601**  
CITY-ST-ZIP **ORLANDO FL 32806**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **COLE, J. DEAN MD**  
STREET ADDRESS **1405 S ORANGE AVE, STE 601**  
CITY-ST-ZIP **ORLANDO FL 32806**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **KELAHAR, JAMES P**  
STREET ADDRESS **1405 S ORANGE AVE, STE 601**  
CITY-ST-ZIP **ORLANDO FL 32806**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **WIELAND, GLEN D**  
STREET ADDRESS **1405 S ORANGE AVE, STE 601**  
CITY-ST-ZIP **ORLANDO FL 32806**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **PD** ☐ Delete  
NAME **WINTERS, THOMAS F JR**  
STREET ADDRESS **1405 S ORANGE AVE, STE 601**  
CITY-ST-ZIP **ORLANDO FL 32806**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VD** ☐ Delete  
NAME **BROOM, MICHAEL J MD**  
STREET ADDRESS **1405 S ORANGE AVE, STE 601**  
CITY-ST-ZIP **ORLANDO FL 32806**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

**2-4-02****407-649-1097**

CR2E037 (9/01)