

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90283 017 ****61.25

DOCUMENT # N32766

1. Entity Name
ORLANDO MEDICAL PLAZA, PHASE II, INC.



Principal Place of Business
1405 SOUTH ORANGE AVENUE
SUITE #601
ORLANDO, FL 32806 US

Mailing Address
P.O. BOX 560862
ORLANDO, FL 32856-0862 US

40065234



DO NOT WRITE IN THIS SPACE

04212005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2998852

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WINTERS, THOMAS F JR, MD
1405 S ORANGE AVE
ORLANDO, FL 32806

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SDT
PRICE, CHARLES T MD
1405 S ORANGE AVE, STE 601
ORLANDO, FL 32806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COLE, J. DEAN MD
1405 S ORANGE AVE, STE 601
ORLANDO, FL 32806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KELAHAR, JAMES P
1405 S ORANGE AVE, STE 601
ORLANDO, FL 32806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WIELAND, GLEN D
1405 S ORANGE AVE, STE 601
ORLANDO, FL 32806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WINTERS, THOMAS F JR
1405 S ORANGE AVE, STE 601
ORLANDO, FL 32806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BROOM, MICHAEL J MD
1405 S ORANGE AVE, STE 601
ORLANDO, FL 32806

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-05

Date

407-649-1097

Daytime Phone #