2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

04122006 No Chg-NP CR2E037 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	SDT
NAME	PRICE, CHARLES T MD
STREET ADDRESS	1405 S ORANGE AVE, STE 601
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	COLE, J. DEAN MD
STREET ADDRESS	1405 S ORANGE AVE, STE 601
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	KELAHER, JAMES P
STREET ADDRESS	1405 S ORANGE AVE, STE 601
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	WIELAND, GLEN D
STREET ADDRESS	1405 S ORANGE AVE, STE 601
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	PD
NAME	WINTERS, THOMAS F JR
STREET ADDRESS	1405 S ORANGE AVE, STE 601
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	VD
NAME	BROOM, MICHAEL J MD
STREET ADDRESS	1405 S ORANGE AVE, STE 601
CITY-ST-ZIP	ORLANDO, FL 32806

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04/29/06-80223-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Thomas F Winters 4-12-06 407-649-1097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #