

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32766

FILED
Apr 14, 2009
Secretary of State

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

Current Principal Place of Business:

1405 SOUTH ORANGE AVENUE
SUITE #601
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560862
ORLANDO, FL 328560862 US

New Mailing Address:

FEI Number: 59-2998852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SDT () Delete
Name: PRICE, CHARLES T MD
Address: 1405 S ORANGE AVE, STE 601
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: KELAHER, JAMES P
Address: 1405 S ORANGE AVE, STE 601
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: WIELAND, GLEN D
Address: 1405 S ORANGE AVE, STE 601
City-St-Zip: ORLANDO, FL 32806

Title: PD () Delete
Name: WINTERS, THOMAS F JR
Address: 1405 S ORANGE AVE, STE 601
City-St-Zip: ORLANDO, FL 32806

Title: VD () Delete
Name: BROOM, MICHAEL J MD
Address: 1405 S ORANGE AVE, STE 601
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS F. WINTERS, JR., M.D.

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date