2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2012
Secretary of State

DOCUMENT# N36827

Entity Name: ORLANDO CANCER CENTER, INC.

Current Principal Place of Business:

1400 S. ORANGE AVENUE
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

ORLANDO HEALTH, INC.
1414 KUHL AVENUE, MP 2
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: 59-3005020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SITARIK, SHERRIE
1414 KUHL AVE, MP 4
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: D
Name: SITARIK, SHERRIE
Address: 1414 KUHL AVE MP 4
City-St-Zip: ORLANDO, FL 32806

Title: CP
Name: BROWN, CLARENCE H III
Address: 1414 KUHL AVE MP 700
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: WAYNE, JENKINS MD
Address: 1414 KUHL AVE, MP 4
City-St-Zip: ORLANDO, FL

Title: D
Name: GOLDSTEIN, PAUL
Address: 1414 KUHL AVE MP 2
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: SHANNON, ELSWICK
Address: 1414 KUHL AVE
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: HARR, STEPHAN
Address: 1414 KUHL AVENUE, MP 2
City-St-Zip: ORLANDO, FL 32806

I hereby 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 all other like empowered.

SIGNATURE: SHERRIE SITARIK D 03/27/2012

Electronic Signature of Signing Officer or Director Date