

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47317

FILED
Mar 28, 2012
Secretary of State

Entity Name: ORLANDO PHYSICIANS NETWORK, INC.

Current Principal Place of Business:

1414 KUHL AVENUE
MP 2
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

1414 KUHL AVENUE
MP 2
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: 59-3110868 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOGNER, JAMES B
225 E. ROBINSON ST
STE. 600
ORLANDO, FL 32801 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: CP
Name: JENKINS, WAYNE MD
Address: 1414 KUHL AVENUE; MP2
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: HARR, STEVE
Address: 1414 KUHL AVENUE; MP71
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: HODGES, KARL
Address: 1414 KUHL AVENUE; MP71
City-St-Zip: ORLANDO, FL 32806

Title: ST
Name: GOLDSTEIN, PAUL
Address: 1414 KUHL AVENUE ; MP2
City-St-Zip: ORLANDO, FL 32806

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

Title: D
Name: SITARIK, SHERRIE
Address: 1414 KUHL AVE
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: WAYNE JENKINS, MD

CP

03/28/2012

Electronic Signature of Signing Officer or Director

Date