FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 15 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003348 (9)

1. Corporation Name

PHYSICIAN HEALTHCARE NETWORK OF OSCEOLA REGIONAL HOSPITAL, INC.

Principal Place of Business	Mailing Address
700 W OAK STREET KISSIMMEE FL 34741-1391	700 W OAK STREET KISSIMMEE FL 34741-1391

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1994
3a. Date of Last Report:
4. FEI Number: 59-3251683 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2111 Glenwood Drive	26 2111 Glenwood Drive
Suite, Apt. #, etc. 22 Suite 103	Suite, Apt. #, etc. 27 Suite 103
City & State 23 Winter Park, FL	City & State 28 Winter Park, FL
Zip / Country 24 32792 / 25 USA	Zip / Country 29 32792 / 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CAROLAN, J P III
390 N ORANGE AVE SUITE 600
ORLANDO FL 32802-1391

10. Name and Address of New Registered Agent

81 Name: James S. Fritz
82 Street Address (P.O. Box Number is Not Acceptable): 2111 Glenwood Drive
83: Suite 201
84 City: Winter Park FL 85 Zip Code: 32792

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: James S. Fritz — President — 1-24-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	AUGUSTINES, MANUEL	1.2 NAME	Please see attached sheet for additional directors/officers.
STREET ADDRESS	800 N CENTRAL AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ARVELO, GUSTAVEO	2.2 NAME	
STREET ADDRESS	201 HILDA STREET #35	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	JIMENEZ, RAFAEL	3.2 NAME	
STREET ADDRESS	808 W OAK STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	KARR, MICHAEL	4.2 NAME	
STREET ADDRESS	604 OAK COMMONS BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KELLER, ALAN	5.2 NAME	
STREET ADDRESS	201 HILDA STREET SUITE 32	5.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	LETSON, WILLIAM	6.2 NAME	
STREET ADDRESS	431 W OAK STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James S. Fritz — 1-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

James S. Fritz

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PHYSICIAN HEALTHCARE NETWORK OF OSCEOLA REGIONAL HOSPITAL, INC.
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Block 13. Additions/Changes to Officers and Directors in 12.

1.1	Title	P	**[X] Addition**
1.2	Name	James S. Fritz	
1.3	Street Address	2111 Glenwood Drive, Ste 201	
1.4	City/ST/Zip	Winter Park, FL 32792	
1.1	Title	D / S / T	**[X] Change**
1.2	Name	William Letson	
1.3	Street Address	431 West Oak Street	
1.4	City/ST/Zip	Kissimmee, FL 34741	
1.1	Title	D	**[X] Addition**
1.2	Name	Michael Link, M.D.	
1.3	Street Address	461 West Oak Street	
1.4	City/ST/Zip	Kissimmee, FL 34741	
1.1	Title	D	**[X] Addition**
1.2	Name	Patrick Mathias, M.D.	
1.3	Street Address	801 West Oak Street	
1.4	City/ST/Zip	Kissimmee, FL 34741	
1.1	Title	D	**[X] Addition**
1.2	Name	Arnold Miller, D.O.	
1.3	Street Address	802 West Oak Street	
1.4	City/ST/Zip	Kissimmee, FL 34741	
1.1	Title	D	**[X] Addition**
1.2	Name	Daniel Myerson, M.D.	
1.3	Street Address	700 West Oak Street	
1.4	City/ST/Zip	Kissimmee, FL 34741	
1.1	Title	D	**[X] Addition**
1.2	Name	Leonard Wilkerson, D.O.	
1.3	Street Address	720 Oak Commons Blvd.	
1.4	City/ST/Zip	Kissimmee, FL 34741	
1.1	Title	D	**[X] Addition**
1.2	Name	Douglas Winger, M.D.	
1.3	Street Address	610 Oak Commons Blvd.	
1.4	City/ST/Zip	Kissimmee, FL 34741	
1.1	Title	D	**[X] Addition**
1.2	Name	Mark Aanonson	
1.3	Street Address	700 West Oak Street	
1.4	City/ST/Zip	Kissimmee, FL 34741	

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Block 13. Additions/Changes to Officers and Directors in 12. (continued)

1.1	Title	D	**[X] Addition**
1.2	Name	Marsha Peterson	
1.3	Street Address	700 West Oak Street	
1.4	City/ST/Zip	Kissimmee, FL 34741	