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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003930

1. Corporation Name

ORLANDO REGIONAL HEALTH NETWORK, INC.

Principal Place of Business

4401 S ORANGE AVE
 SUITE 113
 ORLANDO FL 32806
 US

Mailing Address

1414 KUHL AVE
 ORLANDO FL 32806
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/10/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		89-3259553	
24 Country		29 Country		30	
5. Certificate of Status Desired ☐				Applied For	
				Not Applicable	
				\$8.75 Additional Fee Required	
6. Election Campaign Financing ☐				\$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

EVANS, D L
 225 E ROGINSON ST
 STE 600
 ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	225 E. Robinson Street
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	C ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COWAN, DAVID	1.2 NAME	
STREET ADDRESS	1414 KUHL AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PINELL, MIKE	2.2 NAME	
STREET ADDRESS	1414 KUHL AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BOZARD, JOHN	3.2 NAME	
STREET ADDRESS	1414 KUHL AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HILLENMYER, JOHN	4.2 NAME	
STREET ADDRESS	1414 KUHL AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HORNICK, RICHARD B.	5.2 NAME	
STREET ADDRESS	1414 KUHL AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/99 (407) 841-5203
 Date Daytime Phone #

CR2E037 (1/98)