# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 01, 2004**
**Secretary of State**

DOCUMENT# N94000003930

**Entity Name:** ORLANDO REGIONAL HEALTH NETWORK, INC.

**Current Principal Place of Business:**

1414 KUHL AVE
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

ORLANDO REGIONAL HEALTHCARE
PO BOX 562008
ORLANDO, FL 328562008 US

**New Mailing Address:**

ORLANDO REGIONAL HEALTHCARE
1414 KUHL AVENUE, MP 2
ORLANDO, FL 32806 US

**FEI Number: 89-3259553** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EVANS, D L
225 E ROBINSON STREET
SUITE 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: PD ( ) Delete
Name: PINELL, MIKE
Address: 1414 KUHL AVENUE, MP71
City-St-Zip: ORLANDO, FL 32806

Title: SD ( ) Delete
Name: HILLENMYER, JOHN
Address: 1414 KUHL AVENUE, MP4
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: ELSWICK, SHANNON
Address: 1414 KUHL AVENUE, MP1
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: GOLDSTEIN, PAUL
Address: 1414 KUHL AVENUE,MP2
City-St-Zip: ORLANDO, FL 32806

Title: TD ( ) Delete
Name: HODGES, KARL
Address: 1414 KUHL AVENUE,MP71
City-St-Zip: ORLANDO, FL 32806

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CP (X) Change ( ) Addition
Name: HARR, STEPHAN
Address: 1414 KUHL AVENUE, MP2
City-St-Zip: ORLANDO, FL 32806

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

Title: ( ) Change ( ) Addition
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 for the exemption stated in Section 119.07(3)(i), 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: STEPHAN HARR CP 04/01/2004

Electronic Signature of Signing Officer or Director — Date