2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 26, 2008
Secretary of State

DOCUMENT# N94000003930

Entity Name: ORLANDO REGIONAL HEALTH NETWORK, INC.

Current Principal Place of Business:

4100 S. ORANGE AVENUE
STE. 113
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3259553 **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:	CP	( ) Delete
Name:	HARR, STEPHAN	
Address:	1414 KUHL AVENUE, MP2	
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:	( ) 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:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KARL HODGES TD 09/26/2008

Electronic Signature of Signing Officer or Director — Date