

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000004823 (0)**

1. Corporation Name

**WEST ORANGE HEALTHCARE, INC.**

Principal Place of Business

**10000 W. COLONIAL DRIVE  
OCOOEE FL 34761**

Mailing Address

**P.O. BOX 614007  
ORLANDO FL 32861-4007**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**IRWIN, RICHARD M JR.  
10000 W. COLONIAL DRIVE  
OCOOEE FL 34761**

3. Date Incorporated or Qualified

**09/29/1994**

3a. Date of Last Report

**07/07/1995**

4. FEI Number

**59-3269402**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

TITLE

**D**

☐ DELETE

NAME

**GRIER, ED**

STREET ADDRESS

**8814 BAY VILLA COURT**

CITY-ST-ZIP

**ORLANDO FL 32836**

TITLE

**D**

☒ DELETE

NAME

**JOWERS, GERALD**

STREET ADDRESS

**235 N. LAKEVIEW STREET**

CITY-ST-ZIP

**WINTER GARDEN FL 34787**

TITLE

**D**

☐ DELETE

NAME

**AHRENDT, PATRICIA**

STREET ADDRESS

**1556 SACKETT CIRCLE**

CITY-ST-ZIP

**ORLANDO FL 32818**

TITLE

**D**

☒ DELETE

NAME

**SPEARS, C. EUGENE**

STREET ADDRESS

**324 W. 4TH AVENUE**

CITY-ST-ZIP

**WINDERMERE FL 34786**

TITLE

**D**

☒ DELETE

NAME

**MURPHY, JOHN JR.**

STREET ADDRESS

**1741 WOODY DRIVE**

CITY-ST-ZIP

**WINDERMERE FL 34786**

TITLE

**D**

☒ DELETE

NAME

**STANFORD, DAVID**

STREET ADDRESS

**190 TEMPLE GROVE DRIVE**

CITY-ST-ZIP

**WINTER GARDEN FL 34787**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**V**

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

**S**

☐ Change

☒ Addition

2.2 NAME

**COBB, WALTON JR.**

2.3 STREET ADDRESS

**718 STINNETT DRIVE**

2.4 CITY-ST-ZIP

**OCOOEE FL 34761**

3.1 TITLE

**C**

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

**T**

☐ Change

☒ Addition

4.2 NAME

**CAOS, ANTONIO MD**

4.3 STREET ADDRESS

**11140 W COLONIAL DRIVE STE #3**

4.4 CITY-ST-ZIP

**OCOOEE FL 34761**

5.1 TITLE

**4000001811234**

☐ Change

☐ Addition

5.2 NAME

**-05/07/96--01091--008**

5.3 STREET ADDRESS

**\*\*\*61.25**

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Walton Cobb Jr. 4/19/96 (407) 296-1800**

Date

Daytime Phone #

CR2E037 (12/95)

12/17/96