SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Sep 10 1998 8:00am¹

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #'N9400004823 (0)

WEST ORANGE HEALTHCARE, INC.

Principal Place of Business Mailing Address 10000 W. COLONIAL DRIVE P.O. BOX 614007 3. Date Incorporated or Qualified OCOEE FL 34761 ORLANDO FL 32861-4007 09/29/1994 4. FEI Number Applied For 59-3269402 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 10000 W. Colonial Drive Fee Required Sulte, Apt. #, etc. Sulte, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Ocoeela, FL 23 」Yes [_ No Zip Country Country 8. This corporation owes or has paid the current year intengible 34761 24 25 29 Personal Property Tax due June 30. Yes Orange 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Richard M. Irwin, Jr., President IRWIN, RICHARD M JR. 82 Street Address (P.O. Box Number is Not Acceptable) 10000 W. COLONIAL DRIVE 83 OCOEE FL 34761 City 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) 12. OFFICERS AND DIRECTORS (2/38)13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE X DELETE Change X Addition NAME GRIER, ED 1.2 NAME JOHN CAPPELMAN MD 8814 BAY VILLA COURT STREET ADDRE 1.3 STREET ADDRESS 10000 W COLONIAL DR, SUITE 1403 Orlando Fl 32836 CITY-ST-ZIP 1.4 CITY-ST-ZIP OCOEE FL 34761 TITLE 2.1 TITLE X DELETE Change X Addition NAME AHRENDT, PATRICIA 2.2 NAME JOHN E. MURPHY, JR STREET ADDRES 1556 SACKETT CIRCLE 2.3 STREET ADDRESS 1741 WOODY DRIVE ORLANDO FL 32818 CITY-\$T-ZIP 2.4 CITY-ST-ZIP WINDERMERS FL 34786 TITLE 31TITLE DELETE Change Addition NAME COBB, WALTON JR 3.2 NAME 718 STINNETT DR. STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP oc**oe**e fl 3.4 CITY-ST-ZIP TITLE X DELETE 4.1 TITLE T Change X Addition NAME CAOS, ANTONIO MD 4.2 NAME H. GERALD JOWERS STREET ADDRES 11140 W. COLONIAL DR. STE #3 4.3 STREET ADDRESS 13178 W COLONIAL DRIVE CITY-ST-ZIP OCOEE FL 4.4 CITY-ST-ZIP WINTER GARDEN, FL 34787 6.1 TITLE DELETE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 6.4 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, on on an attachment with an address.