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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

DOCUMENT # N94000004823

1. Corporation Name

WEST ORANGE HEALTHCARE, INC.

Principal Place of Business
10000 W. COLONIAL DRIVE
OCOE FL 34761

Mailing Address
10000 W COLONIAL DRIVE
OCOE FL 34761
US



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified
09/29/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3269402

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IRWIN, JR R M
10000 W. COLONIAL DRIVE
OCOE FL 34761

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 617.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/18/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☐ DELETE
NAME **CAPPELMAN, JOHN M**
STREET ADDRESS **10000 W COLONIAL DR, SUITE 1403**
CITY-ST-ZIP **OCOE FL 34761**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

T ☐ DELETE
NAME **MURPHY, JR J E**
STREET ADDRESS **1741 WOODY DRIVE**
CITY-ST-ZIP **WINDERMERE FL 34786**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

S ☐ DELETE
NAME **COBB, WALTON JR**
STREET ADDRESS **718 STINNETT DR,**
CITY-ST-ZIP **OCOE FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **2808 TROPIC COURT**
3.4 CITY-ST-ZIP **WINTER GARDEN, FL 34787**

T ☐ DELETE
NAME **JOWERS, H G**
STREET ADDRESS **13178 W COLONIAL DRIVE**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 OF REGISTERED AGENT
RESIDENT

Date

Daytime Phone #

CR2E037 (11/98)