

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

02-05-2002 90137 036 ****61.25

DOCUMENT # N94000004823

1. Entity Name

WEST ORANGE HEALTHCARE, INC.

Principal Place of Business

10000 W. COLONIAL DRIVE
 OCOEE FL 34761

Mailing Address

10000 W COLONIAL DRIVE
 OCOEE FL 34761
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3269402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

8. 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

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

RICHARD IRWIN, PRES/CEO

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
 NAME **CAPPELMAN, JOHN M**
 STREET ADDRESS **10000 W COLOMBIA DR STE 187**
 CITY-ST-ZIP **OCOEE FL 34761**

TITLE **Chair** ☒ Change ☐ Addition
 NAME **Dan Petro**
 STREET ADDRESS **630 Kissimmee Ave**
 CITY-ST-ZIP **Ocoee, FL 34761**

TITLE ☒ Delete
 NAME **MURPHY, JR J E**
 STREET ADDRESS **1741 WOODY DRIVE**
 CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **Vice-Chair** ☒ Change ☐ Addition
 NAME **Gary Allington**
 STREET ADDRESS **7299 Hawksnest Blvd**
 CITY-ST-ZIP **Orlando, FL 32835**

TITLE ☒ Delete
 NAME **COBB, WALTON JR**
 STREET ADDRESS **2808 TROPIC COURT**
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **Treasurer** ☒ Change ☐ Addition
 NAME **Derek Blakeslee**
 STREET ADDRESS **800 S. Dillard St.**
 CITY-ST-ZIP **Winter Garden, FL 34787**

TITLE ☒ Delete
 NAME **JOWERS, H G**
 STREET ADDRESS **13178 W COLONIAL DRIVE**
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **Secretary** ☒ Change ☐ Addition
 NAME **Maryke Lee**
 STREET ADDRESS **9734 Wild Oak Drive**
 CITY-ST-ZIP **Windermere, FL 34786**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02

Date

(407)296-1801

Daytime Phone #

Maryke R. Abeln, Controller

3/18/02

(407)296-1048

CR2E037 (9/01)