

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90306 042 ****61.25

DOCUMENT # N94000004823

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3269402

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE TVC ☒ Delete
NAME ALLINGTON, GARY
STREET ADDRESS 7299 HAWKSNest BLVD
CITY-ST-ZIP ORLANDO, FL 32835

TITLE TC ☐ Delete
NAME BLAKESLEE, DEREK
STREET ADDRESS 800 S DILLARD ST
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE TS ☐ Delete
NAME WILLIAMS, ALICE
STREET ADDRESS 5209 FIELDVIEW CT
CITY-ST-ZIP ORLANDO, FL 32819

TITLE T ☒ Delete
NAME CAPPLEMAN, JOHN DR.
STREET ADDRESS 100 WEST COLONIAL DR.
CITY-ST-ZIP OCOEE, FL 34761

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TVC ☐ Change ☒ Addition
NAME CAPPLEMAN, JOHN M.D.
STREET ADDRESS 10000 WEST COLONIAL DRIVE
CITY-ST-ZIP OCOEE FLORIDA 34761

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

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

TITLE T ☐ Change ☒ Addition
NAME STEVE STANFORD
STREET ADDRESS 90 VANDERMEER AVENUE
CITY-ST-ZIP OAKLAND FLORIDA 34760

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/05

407-290-1801