

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004823

FILED
Apr 27, 2007
Secretary of State

Entity Name: WEST ORANGE HEALTHCARE, INC.

Current Principal Place of Business:

10000 W. COLONIAL DRIVE
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

10000 W COLONIAL DRIVE
OCOE, FL 34761 US

New Mailing Address:

FEI Number: 59-3269402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TC () Delete
Name: CADDLEMAN, JOHN MD
Address: 10000 W COLONIAL DR
City-St-Zip: OCOE, FL 34761

Title: TVC () Delete
Name: STANFORD, STEVE
Address: 90 VANDERMEER AVE
City-St-Zip: OAKLAND, FL 34760

Title: TT () Delete
Name: GRAHAM, DYE ANN
Address: 9104 BALMORAL MEWS SQ
City-St-Zip: WINDERMERE, FL 34786

Title: TS () Delete
Name: JUNE, RANDY
Address: 1201 OYEN COURT
City-St-Zip: WINTER GARDEN, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TC (X) Change () Addition
Name: CAPPLEMAN, JOHN MD
Address: 10000 W COLONIAL DR
City-St-Zip: OCOE, FL 34761

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M. CAPPLEMAN, M.D.

TC

04/27/2007

Electronic Signature of Signing Officer or Director

Date