2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004823

Entity Name: WEST ORANGE HEALTHCARE, INC.

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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10000 W. COLONIAL DRIVE OCOEE, FL 34761

Current Mailing Address: New Mailing Address:

10000 W COLONIAL DRIVE OCOEE, FL 34761

FEI Number: 59-3269402 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete CAPPLEMAN, JOHN MD Name: Address: 10000 W COLONIAL DR City-St-Zip: OCOEE, FL 34761

OFFICERS AND DIRECTORS:

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

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

() Delete Title: TS JUNE, RANDY Name: Address: 1201 OYEN COURT

City-St-Zip: WINTER GARDEN, FL 34761 (X) Change () Addition

STANFORD, D. STEVEN Name: Address: 10000 W COLONIAL DR City-St-Zip: OCOEE, FL 34761

Title: (X) Change () Addition Name: CAPPLEMAN, JOHN M M.D. Address: 519 N. WOODLAND STREET City-St-Zip: WINTER GARDEN, FL 34787

Title: (X) Change () Addition

Name: KEATING, TIMOTHY M 3333 LAWRENCE STREET Address: City-St-Zip: ORLANDO, FL 32805

Title: TS (X) Change () Addition

Name: GRAHAM, DYE ANN 9104 BALMORAL MEWS SQ Address: City-St-Zip: WINDERMERE, FL 34786

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: RICHARD M. IRWIN CEO 01/07/2008