2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

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Entity Name: WEST ORANGE HEALTHCARE, INC.

Current Principal Place of Business:

10000 W. COLONIAL DRIVE
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

10000 W COLONIAL DRIVE
OCOEE, 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
OCOEE, 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
Name: KARRAKER, CAROLYN C
Address: 10000 W COLONIAL DR
City-St-Zip: OCOEE, FL 34761

Title: TVC
Name: KEATING, TIMOTHY
Address: 802 TILDENVILLE SCHOOL ROAD
City-St-Zip: WINTER GARDEN, FL 34787

Title: TT
Name: JOWERS, GERALD
Address: 235 N. LAKEVIEW
City-St-Zip: WINTER GARDEN, FL 34787

Title: TS
Name: SHAW, JAMES D
Address: 426 BUTLER STREET
City-St-Zip: WINDERMERE, FL 34786

I hereby 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 all other like empowered.

SIGNATURE: RICHARD M. IRWIN, JR. CEO 01/06/2011

Electronic Signature of Signing Officer or Director Date