2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 09, 2012
Secretary of State

DOCUMENT# N94000004823

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 (X)**

Name and Address of Current Registered Agent:

MUELLER, MICHAEL
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: C
Name: KEATING, TIMOTHY M
Address: 802 TILDENVILLE SCHOOL RD
City-St-Zip: WINTER GARDEN, FL 34787

Title: V
Name: KARRAKER, CAROLYN
Address: 1302 KELSO BLVD.
City-St-Zip: WINDERMERE, FL 34786

Title: T
Name: ABER, KATHY
Address: 2016 WOODY DR.
City-St-Zip: WINDERMERE, FL 34786

Title: S
Name: SHAW, DONALD J
Address: 426 BUTLER ST.
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: MICHAEL MUELLER CFO 03/09/2012
Electronic Signature of Signing Officer or Director Date