

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002069

FILED
Mar 11, 2009
Secretary of State

Entity Name: GREATER ORLANDO CHILDREN'S MIRACLE NETWORK, INC.

Current Principal Place of Business:

720 SW 2ND AVE
SUITE 360A
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

720 SW 2ND AVE
SUITE 360A
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-3452974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOVAL, CHARLES B
720 SW 2ND AVENUE, SUITE 360A
GAINESVILLE, FL 32601 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: D () Delete
Name: BUCCIARELLI, RICHARD MD
Address: 1600 SW ARCHER RD/100014
City-St-Zip: GAINESVILLE, FL 32610

Title: D () Delete
Name: SHANNON, MICK
Address: 4525 SOUTH 2300 E
City-St-Zip: SALT LAKE CITY, UT 84117

Title: D () Delete
Name: HUMENIK, LEE-ANN
Address: 1329 SW 16TH ST/100386
City-St-Zip: GAINESVILLE, FL 32610

Title: PCD () Delete
Name: ALEXANDER, GREGOR MD
Address: 83 W MILLER STREET
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: BOZARD, JOHN
Address: 3160 SOUTHGATE COMMERCE BLVD,50
City-St-Zip: ORLANDO, FL 32812

Title: DST () Delete
Name: LIVINGSTON, JANET
Address: 92 W. MILLER STREET
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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: RICHARD BUCCIARELLI, M.D.

D

03/11/2009

Electronic Signature of Signing Officer or Director

Date