

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002069

FILED
Apr 25, 2011
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: PCHD
Name: BUCCIARELLI, RICHARD L MD
Address: 1600 SW ARCHER RD/100296
City-St-Zip: GAINESVILLE, FL 32610

Title: S
Name: STOWERS, CHRISTOPHER
Address: 3160 SOUTHGATE COMMERCE BLVD., SUITE 50
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: ALEXANDER, GREGOR M.D.
Address: 83 W. MILLER ST.
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: BOZARD, JOHN
Address: 3160 SOUTHGATE COMMERCE BLVD., SUITE 50
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: HANCOCK, MYRA
Address: 92 W. MILLER ST.
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: SCHATZ, DESMOND M.D.
Address: 1600 SW ARCHER RD./100296
City-St-Zip: GAINESVILLE, FL 32610

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 L BUCCIARELLI, MD

P

04/25/2011

Electronic Signature of Signing Officer or Director

Date