

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000074868

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Entity Name:** ORLANDO REGIONAL ALL CARE CENTER, INCORPORATED

**Current Principal Place of Business:**

5979 VINELAND ROAD  
SUITE 109  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

5979 VINELAND ROAD  
SUITE 109  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 45-3111521      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MORRELL, JOSEPH SR.  
1310 W. COLONIAL DRIVE  
SUITE 28  
ORLANDO, FL 32814 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: P  
Name: HELLER, PHIL  
Address: 5979 VINELAND ROAD STE. 109  
City-St-Zip: ORLANDO, FL 32819

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PHIL HELLER

P

02/01/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date