

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 714103

Entity Name: ORANGE COUNTY MEDICAL SOCIETY OF FLORIDA,
INCORPORATED

Current Principal Place of Business:

1215 E. ROBINSON STREET
ORLANDO, FL 32801

Current Mailing Address:

1215 E. ROBINSON STREET
ORLANDO, FL 32801 US

FEI Number: 59-0746887

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COBBE, FRASER
1215 E. ROBINSON STREET
ORLANDO, FL 32801 US

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: FRASER COBBE

03/31/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name ROSENBERG MD, STEVEN
Address 1215 E. ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title VP
Name HOLSON MD, BRENDA
Address 1215 E. ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title SECRETARY
Name DORFMAN MD, CHARLES E
Address 1215 E. ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title TREASURER
Name SELSKY MD, CLIFFORD A
Address 1215 E. ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title EXECUTIVE DIRECTOR
Name COBBE, FRASER
Address 1215 E. ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

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: FRASER COBBE

EXECUTIVE DIRECTOR

03/31/2014

Electronic Signature of Signing Officer/Director Detail

Date