2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714103

Entity Name: ORANGE COUNTY MEDICAL SOCIETY OF FLORIDA,

INCORPORATED

Current Principal Place of Business:

522 S. HUNT CLUB BLVD #412 APOPKA, FL 32703

Current Mailing Address:

522 S. HUNT CLUB BLVD #412

Name

APOPKA, FL 32703 US

FEI Number: 59-0746887 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COBBE, FRASER 522 S. HUNT CLUB BLVD #412 APOPKA, FL 32703 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 04/30/2020

> Date Electronic Signature of Registered Agent

> > Title

Officer/Director Detail:

Title PAST PRESIDENT Title **EXECUTIVE DIRECTOR** COBBE, FRASER Name WOLFE, DARIN Name

Address 515 WEKIVA COMMONS CIRCLE Address 522 S. HUNT CLUB BLVD

#412 City-State-Zip: APOPKA FL 32712

City-State-Zip: APOPKA FL 32703

Title PRESIDENT ELECT Title **TREASURER** CHASE, CHARLES Name SEELA, SRINIVAS Name

Address 2065 VENETIAN WAY 100 N. DEAN RD Address

City-State-Zip: WINTER PARK FL 32789 SUITE 101

City-State-Zip: ORLANDO FL 32825 Title **PRESIDENT**

Name JEAN, SAMUEL

2500 W. LAKE MARY BLVD Address **SUITE 219**

Address 931 WEKIVA SPRINGS RD. City-State-Zip: LAKE MARY FL 32746

LONGWOOD FL 32779 City-State-Zip:

Title **SECRETARY** Name TRAN, HAO MIMI

133 BENMORE DRIVE Address

SUITE 100 WINTER PARK FL 32792 City-State-Zip:

HALL, RYAN

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.

04/30/2020 SIGNATURE: FRASER COBBE EXECUTIVE DIRECTOR

FILED Apr 30, 2020

Secretary of State

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