

2019 FLORIDA NOT FOR PROFIT CORPORATION 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****04/10/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WOLFE, DARIN
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

Title PAST PRESIDENT
Name PRINCE, THOMAS
Address 1215 E. ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title PRESIDENT ELECT
Name CHASE, CHARLES
Address 1215 E. ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title VP
Name SEELA, SRINIVAS
Address 1215 E. ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title TREASURER
Name ADEWALE, ADEMOLA
Address 1215 E. ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title SECRETARY
Name PATTANI, SANJAY
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****04/10/2019**

Electronic Signature of Signing Officer/Director Detail

Date