

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738247

Entity Name: ORLANDO HEALTH, INC.

Current Principal Place of Business:

1414 KUHL AVE
MP 2
ORLANDO, FL 32806

Current Mailing Address:

1414 KUHL AVE
MP 2
ORLANDO, FL 32806

FEI Number: 59-1726273

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEAM, MILDRED
1414 KUHL AVE
MP 2
ORLANDO, FL 32806 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: MILDRED BEAM

04/29/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name GREENBAUM, LENNARD M.D.
Address 1414 KUHL AVE., MP 4
City-State-Zip: ORLANDO FL 32806

Title PCEO
Name SITARIK, SHERRIE
Address 1414 KUHL AVE., MP 4
City-State-Zip: ORLANDO FL 32806

Title D
Name CHAPIN, LINDA
Address 1414 KUHL AVE., MP 4
City-State-Zip: ORLANDO FL 32806

Title TD
Name SANTIAGO, CONRAD
Address 1414 KUHL AVE., MP 4
City-State-Zip: ORLANDO FL 32806

Title VC
Name SHUGART, SANFORD PH.D.
Address 1414 KUHL AVE., MP 4
City-State-Zip: ORLANDO FL 32806

Title C
Name MORGAN, DIANNA
Address 1414 KUHL AVE. MP 4
City-State-Zip: ORLANDO FL 32806

Title SECRETARY
Name BROWN, DAVID ESQ.
Address 1414 KUHL AVE
MP 2
City-State-Zip: ORLANDO FL 32806

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: SHERRIE SITARIK

PRES

04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date