

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
CC3173124058

Entity Name: ORLANDO MEDICAL PLAZA, INC.

Current Principal Place of Business:

1315 S. ORANGE AVE., 2ND FLOOR
ORLANDO, FL 32856-9002

Current Mailing Address:

PO BOX 560862
ORLANDO, FL 32856 US

FEI Number: 59-2292064

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WINTERS, THOMAS FJR, MD
1405 S ORANGE AVENUE
SUITE 601
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name WINTERS, THOMAS FJR, MD
Address 1405 S ORANGE AVENUE
City-State-Zip: ORLANDO FL 32806

Title VPD
Name KELAHER, JAMES P
Address 1405 S ORANGE AVENUE, STE 601
City-State-Zip: ORLANDO FL 32806

Title STD
Name WIELAND, GLEN D
Address 1405 S ORANGE AVENUE, STE 601
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name SAAVEDRA, OSWALD
Address 1405 S. ORANGE AVENUE
SUITE 601
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name IMFELD, MATTHEW D
Address 1405 S. ORANGE AVENUE
SUITE 601
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name BRADY, LOUIS P
Address 1405 S. ORANGE AVENUE
SUITE 601
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name MACKSOUND, WADIH S
Address 1405 S. ORANGE AVENUE
SUITE 601
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: THOMAS WINTERS

PD

01/20/2017

Electronic Signature of Signing Officer/Director Detail

Date