

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

DOCUMENT# 767344

**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 6010  
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 F. WINTERS, JR., M.D.**

**PRESIDENT**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date