

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008748

Entity Name: OS COMPLEX, INC.**Current Principal Place of Business:**901 N HIGHLAND AVE
ORLANDO, FL 32803**Current Mailing Address:**901 N HIGHLAND AVE
ORLANDO, FL 32803**FEI Number:** 26-3416614**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARTLETT, JAMES W.
901 N HIGHLAND AVE
ORLANDO, FL 32803 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:** JAMES W. BARTLETT

02/05/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CD
Name JABLONSKI, DAVID H DR.
Address 901 N HIGHLAND AVE
City-State-Zip: ORLANDO FL 32803

Title VCD
Name MIKKELSON, MIKE
Address 901 N HIGHLAND AVE
City-State-Zip: ORLANDO FL 32803

Title SD
Name DEERY, J. J.
Address 901 N HIGHLAND AVE
City-State-Zip: ORLANDO FL 32803

Title TD
Name BLOMELEY, STEVE L.
Address 901 N HIGHLAND AVE
City-State-Zip: ORLANDO FL 32803

Title D
Name WHITEHURST, JAY E.
Address 901 N HIGHLAND AVE
City-State-Zip: ORLANDO FL 32803

Title D
Name GUERNSEY, JOSEPH S.
Address 901 N HIGHLAND AVE
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name REX, CHARLES W. JR.
Address 901 N HIGHLAND AVE
City-State-Zip: ORLANDO FL 32803

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: DR. DAVID H. JABLONSKI

CHAIRMAN

02/05/2014

Electronic Signature of Signing Officer/Director Detail

Date