

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009985

Entity Name: ORLANDO HEALTH CENTRAL, INC.**Current Principal Place of Business:**10000 W COLONIAL DR
OCOE, FL 34761**Current Mailing Address:**1414 KUHLE AVE
ORLANDO, FL 32806 US**FEI Number:** 80-0764192**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZIKA, RYAN
207 W. GORE ST.
SUITE 201
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:** RYAN ZIKA

01/09/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BLAKESLEE, ANN
Address 10000 W COLONIAL DR
City-State-Zip: OCOEE FL 34761

Title DIRECTOR
Name HAKIM, JAMAL MD
Address 10000 W COLONIAL DR
City-State-Zip: OCOEE FL 34761

Title DIRECTOR
Name JUNE, RANDY
Address 10000 W. COLONIAL DR
City-State-Zip: OCOEE FL 34761

Title DIRECTOR
Name ABER, KATHY
Address 10000 W COLONIAL DR
City-State-Zip: OCOEE FL 34761

Title DIRECTOR
Name CAPPLEMAN, JOHN MD
Address 10000 W COLONIAL DR
City-State-Zip: OCOEE FL 34761

Title DIRECTOR
Name KARRAKER, CAROLYN
Address 10000 W COLONIAL DR
City-State-Zip: OCOEE FL 34761

Title DIRECTOR
Name REES, JOHN
Address 10000 W COLONIAL DR
City-State-Zip: OCOEE FL 34761

Title DIRECTOR
Name HAWKINS, ERICK
Address 10000 W COLONIAL DRIVE
City-State-Zip: OCOEE FL 34761

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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: RYAN ZIKA

DIRECTOR

01/09/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title AUTHORIZED REPRESENTATIVE
Name TAYLOR, MATTHEW
Address 10000 W. COLONIAL DR
City-State-Zip: OCOEE FL 34761

Title PRESIDENT
Name KOOVAKADA, PHILIP
Address 1414 KUHL AVE
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name OHE, GREG
Address 1414 KUHL AVE
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name MILLER , JOHN E
Address 10000 W COLONIAL DR
City-State-Zip: OCOEE FL 34761

Title DIRECTOR
Name ZIKA, RYAN
Address 1414 KUHL AVE
City-State-Zip: ORLANDO FL 32806

Title CFO
Name FLAKE, LESLIE
Address 1414 KUHL AVE
City-State-Zip: ORLANDO FL 32806