

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000011085

**Entity Name:** ORANGE COUNTY MEDICAL PAC, INC.

**Current Principal Place of Business:**

522 S. HUNT CLUB BLVD  
#412  
APOPKA, FL 32703

**Current Mailing Address:**

522 S. HUNT CLUB BLVD  
#412  
APOPKA, FL 32703 US

**FEI Number:** 59-2786289

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COBBE, FRASER  
522 S. HUNT CLUB BLVD  
#412  
APOPKA, FL 32703 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 VCH  
Name SHEELA, HARINATH  
Address 522 S. HUNT CLUB BLVD  
#412  
City-State-Zip: APOPKA FL 32703

Title DIRECTOR  
Name CHASE, CHARLES  
Address 522 S. HUNT CLUB BLVD  
#412  
City-State-Zip: APOPKA FL 32703

Title DIRECTOR  
Name COOKE, ANDREW  
Address 522 S. HUNT CLUB BLVD  
#412  
City-State-Zip: APOPKA FL 32703

Title TR  
Name COBBE, FRASER  
Address 522 S. HUNT CLUB BLVD  
#412  
City-State-Zip: APOPKA FL 32703

Title DIRECTOR  
Name HALL, RYAN  
Address 522 S. HUNT CLUB BLVD  
#412  
City-State-Zip: APOPKA FL 32703

Title CHAIRMAN  
Name CORE, MEGAN  
Address 522 S. HUNT CLUB BLVD  
#412  
City-State-Zip: APOPKA FL 32703

*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:** FRASER COBBE

**TREASURER**

**02/01/2024**

Electronic Signature of Signing Officer/Director Detail

Date