

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000011085

Entity Name: ORANGE COUNTY MEDICAL PAC, INC.**Current Principal Place of Business:**1215 EAST ROBINSON STREET
ORLANDO, FL 32801**Current Mailing Address:**1215 EAST ROBINSON STREET
ORLANDO, FL 32801 US**FEI Number:** 59-2786289**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COBBE, FRASER
1215 EAST ROBINSON STREET
ORLANDO, FL 32801 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 HALPERIN, LAWRENCE
Address 1215 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title CHAIRMAN
Name SHEELA, HARINATH
Address 1215 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name PATTANI, SANJAY
Address 1215 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name TEMPEL, RICHARD
Address 1215 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title TR
Name COBBE, FRASER
Address 1215 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name BURKHART, BRADD
Address 1215 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name COOKE, ANDREW
Address 1215 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name CARTER, KIRSTEN
Address 1215 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

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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: FRASER COBBE**EXECUTIVE DIRECTOR****04/10/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CROSS, MELANIE
Address	1215 EAST ROBINSON STREET
City-State-Zip:	ORLANDO FL 32801