

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47317

Entity Name: ORLANDO PHYSICIANS NETWORK, INC.

Current Principal Place of Business:

1414 KUHL AVENUE
MP 2
ORLANDO, FL 32806

Current Mailing Address:

1414 KUHL AVENUE
MP 2
ORLANDO, FL 32806 US

FEI Number: 59-3110868

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEAM, MILDRED
1414 KUHL AVENUE
MP 2
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: MILDRED BEAM

04/29/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CP
Name JENKINS, WAYNE MD
Address 1414 KUHL AVENUE; MP2
City-State-Zip: ORLANDO FL 32806

Title D
Name HARR, STEVE
Address 1414 KUHL AVENUE; MP71
City-State-Zip: ORLANDO FL 32806

Title D
Name HODGES, KARL
Address 1414 KUHL AVENUE; MP71
City-State-Zip: ORLANDO FL 32806

Title ST
Name GOLDSTEIN, PAUL
Address 1414 KUHL AVENUE ; MP2
City-State-Zip: ORLANDO FL 32806

Title D
Name ELSWICK, SHANNON
Address 1414 KUHL AVE
City-State-Zip: ORLANDO FL 32806

Title D
Name SITARIK, SHERRIE
Address 1414 KUHL AVE
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: WAYNE JENKINS

PRES

04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date