

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003930

**Entity Name:** ORLANDO HEALTH MEDICAL GROUP, INC.**Current Principal Place of Business:**1414 KUHL AVENUE  
ORLANDO, FL 32806**Current Mailing Address:**1414 KUHL AVENUE, MP 2  
ORLANDO, FL 32806 US**FEI Number:** 59-3259553**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZIKA, RYAN ESQ  
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:** RYAN ZIKA

04/26/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SPONG, BERNADETTE  
Address 1414 KUHL AVENUE, MP2  
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR  
Name HAKIM, JAMAL MD  
Address 1414 KUHL AVENUE,MP4  
City-State-Zip: ORLANDO FL 32806

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

Title DIRECTOR  
Name MILLER, JOHN E  
Address 1414 KUHL AVENUE  
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR, PRESIDENT  
Name DESAI, SUNIL MD  
Address 1414 KUHL AVE, MP2  
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:** SUNIL S. DESAI MD

PRESIDENT

04/26/2021

Electronic Signature of Signing Officer/Director Detail

Date