

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003930

Entity Name: ORLANDO HEALTH PHYSICIAN GROUP, INC.**Current Principal Place of Business:**1414 KUHL AVENUE
ORLANDO, FL 32806**Current Mailing Address:**ORLANDO HEALTH, INC.
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:**BEAM, MILDRED ESQ
ORLANDO HEALTH, INC.
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

04/19/2018

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

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

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

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

Title	DIRECTOR
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: BERNADETTE SPONG**DIRECTOR**

04/19/2018

Electronic Signature of Signing Officer/Director Detail

Date