

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004823

Entity Name: WEST ORANGE HEALTHCARE, INC.

Current Principal Place of Business:

1414 KUHL AVENUE MP 2
ATTEN: MILDRED D.BEAM
ORLANDO, FL 32806

Current Mailing Address:

1414 KUHL AVENUE MP 2
ATTEN: MILDRED D.BEAM
ORLANDO, FL 32806 US

FEI Number: 59-3269402

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEAM, MILDRED D
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MARSH, MARK
Address 10000 W COLONIAL AVE
City-State-Zip: OCOEE FL 34617

Title DIRECTOR
Name HAKIM, JAMAL
Address 10000 W COLONIAL DR
City-State-Zip: OCOEE FL 34617

Title DIRECTOR
Name SPONG, BERNADETTE
Address 10000 W COLONIAL DR
City-State-Zip: OCOEE FL 34617

Title DIRECTOR
Name SCHOOLER, RICK
Address 10000 W COLONIAL DR
City-State-Zip: OCOEE FL 34617

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

D

04/13/2017

Electronic Signature of Signing Officer/Director Detail

Date