

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004823

**Entity Name:** WEST ORANGE HEALTHCARE, INC.

**Current Principal Place of Business:**

1414 KUHLE AVENUE MP 2  
ATTN: MILDRED D.BEAM  
ORLANDO, FL 32806

**Current Mailing Address:**

1414 KUHLE AVENUE MP 2  
ATTN: MILDRED D.BEAM  
ORLANDO, FL 32806

**FEI Number:** 59-3269402

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BEAM, MILDRED D  
1414 KUHLE 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 V  
Name KARRAKER, CAROLYN  
Address 1302 KELSO BLVD.  
City-State-Zip: WINDERMERE FL 34786

Title T  
Name ABER, KATHY  
Address 2016 WOODY DR.  
City-State-Zip: WINDERMERE FL 34786

*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:** CAROLYN KARRAKER

V

05/01/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date