

2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P11000041294

**FILED
Apr 30, 2016
Secretary of State
CC4986345796**

Entity Name: ORLANDO HEALTH PHYSICIAN PARTNERS, INC.

Current Principal Place of Business:

1414 KUHL AVE MP 2
ORLANDO, FL 32806

Current Mailing Address:

1414 KUHL AVE MP 2
ORLANDO, FL 32806

FEI Number: 90-0748014

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEAM, MILDRED ESQ.
1414 KUHL AVE 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

04/30/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D, PRESIDENT, CHAIRMAN
Name POWELL, CINDY
Address 1414 KUHL AVE MP 2
City-State-Zip: ORLANDO FL 32806

Title D
Name BURKHART, BRAD
Address 1414 KUHL AVE MP 2
City-State-Zip: ORLANDO FL 32806

Title D
Name CAPPELMAN, JOHN
Address 1414 KUHL AVE MP 2
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name PATTEE, CURT DR
Address 1414 KUHL AVE MP 2
City-State-Zip: ORLANDO FL 32806

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

Title SECRETARY
Name HARDY, PHILLIP
Address 1414 KUHL AVE MP 2
City-State-Zip: ORLANDO FL 32806

Title VC
Name NIELSON, ANNETTE
Address 1414 KUHL AVE MP 2
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CINDY POWELL

P

04/30/2016

Electronic Signature of Signing Officer/Director Detail

Date