

# 2002 UNIFORM BUSINESS REPORT (UBR)

0017842 AT

DOCUMENT # **A21158**

1. Entity Name

**OKALOOSA HEALTH CARE, LTD.**

Principal Place of Business

**24 SILVER LAKES BLVD.  
GLENCOE AL 35905**

Mailing Address

**24 SILVER LAKES BLVD.  
GLENCOE AL 35905**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**FILED**  
**02 APR 23 AM 10:09**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**DUE BY MAY 1, 2002**

4. FEI Number

**62-1269637**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSBORNE, ILEANA  
115 HART STREET  
NICEVILLE FL 32578**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$100.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$100.00**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **G88590**  
NAME **OKALOOSA HEALTH CARE, INC**  
STREET ADDRESS **24 SILVER LAKES BLVD.**  
CITY-ST-ZIP **GLENCOE AL 35905**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

**500005419615--4**  
**-05/02/02--01018--008**  
**\*\*\*\*150.00 \*\*\*\*150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/15/02**

**(256) 413-3446**

CR2E003 (9/01)