

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G88590

1. Entity Name

OKALOOSA HEALTH CARE, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90112 037 ***158.75

Principal Place of Business

Mailing Address

~~119 STEWART ST.~~
~~ALBANYVILLE AL 35950~~

~~119 STEWART ST.~~
~~ALBANYVILLE AL 35951-3941~~

2. Principal Place of Business

3. Mailing Address

24 SILVER LAKES BLVD, E.

24 SILVER LAKES BLVD, E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GLENCOE, AL

City & State

GLENCOE, AL

Zip

Country

35905

CALHOUN

Zip

Country

35905

CALHOUN

4. FEI Number

63-0915505

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME FULMER, JAMES R.
STREET ADDRESS 413 STEWART STREET 24 SILVER LAKES BLVD, E.
CITY-ST-ZIP ALBANYVILLE, AL 35950 GLENCOE, AL 35905

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME FULMER, PATRICIA A.
STREET ADDRESS 413 STEWART STREET 24 SILVER LAKES BLVD, E.
CITY-ST-ZIP ALBANYVILLE, AL 35950 GLENCOE, AL 35905

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. FULMER

1/19/2000

(256) 892-1708

Date

Daytime Phone #

CR2E034 (9/99)