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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29689** **(9)**

1. Corporation Name
OKALOOSA COUNTY MEDICAL ALLIANCE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4343 FORT WALTON BEACH FL 32549 US	P.O. BOX 4343 FORT WALTON BEACH FL 32549 US

3. Date Incorporated or Qualified: **12/13/1988**
3a. Date of Last Report: **04/13/1994**
4. FEI Number: **59-2955434** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

O'STEEN, MARGARET
563 POCAHONTAS DR.
FORT WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name: MARY JANE GARCIA-RIOS
82 Street Address (P.O. Box Number is Not Acceptable): 206 GRAND VIEW AVE.
83
84 City: VALPARAISO **FL** 85 Zip Code: 32580

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Mary Jane Garcia-Rios, President '94-'95 — 4-21-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	P D ☒ Change ☐ Addition
NAME	GARCIA-RIOS, JANIE	12 NAME	KELLY HANEY
STREET ADDRESS	206 GRANDVIEW AVE	13 STREET ADDRESS	520 GARDEN OAKS COVE
CITY-ST-ZIP	VALPARAISO FL	14 CITY-ST-ZIP	NICEVILLE , FLORIDA 32578
TITLE	PE	21 TITLE	P D ☒ Change ☐ Addition
NAME	HANEY, KELLY	22 NAME	KATHLEEN JOHNS
STREET ADDRESS	520 GARDEN OAKS COVE	23 STREET ADDRESS	920 BAMBI DRIVE (eff. 6-1-95)
CITY-ST-ZIP	NICEVILLE FL	24 CITY-ST-ZIP	DESTIN, FLORIDA 32541
TITLE	VD	31 TITLE	V D ☒ Change ☐ Addition
NAME	JOHNS, KATHY	32 NAME	BRENDA SCHENTHAL
STREET ADDRESS	5507 BEACH DR	33 STREET ADDRESS	608 MAGNOLIA DRIVE
CITY-ST-ZIP	GULF PINES DESTIN FL	34 CITY-ST-ZIP	DESTIN, FLORIDA 32541
TITLE	SD	41 TITLE	S D ☐ Change ☐ Addition
NAME	GIVEN, ANA	42 NAME	same ANA GIVEN
STREET ADDRESS	289 SHALIMAR DR	43 STREET ADDRESS	289 SHALIMAR DRIVE
CITY-ST-ZIP	SHALIMAR FL	44 CITY-ST-ZIP	SHALIMAR, FLORIDA 32579
TITLE	T	51 TITLE	T ☒ Change ☐ Addition
NAME	SHELTON, HEATHER	52 NAME	ELLEN BLANCHARD
STREET ADDRESS	67 LAKE LORRAINE CIRCLE	53 STREET ADDRESS	265 SHALIMAR DRIVE
CITY-ST-ZIP	SHALIMAR FL	54 CITY-ST-ZIP	SHALIMAR, FLORIDA 32579
TITLE	PARL	61 TITLE	PARL. ☒ Change ☐ Addition
NAME	O'OSTEEN, MAGGIE	62 NAME	MARY JANE GARCIA-RIOS
STREET ADDRESS	563 POCAHONTAS DR	63 STREET ADDRESS	206 GRAND VIEW AVE.
CITY-ST-ZIP	FORT WALTON BEACH FL	64 CITY-ST-ZIP	VALPARAISO, FLORIDA 32580 CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Jane Garcia-Rios President (Mary Jane Garcia-Rios) 4-21-95 (904) 678-4290
SIGNATURE AND TITLE OR PRINTED NAME OF APPROPRIATE OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER

607R05