

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
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
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA-RIOS, MARY JANE
206 GRAND VIEW AVE.
VALPARAISO FL 32580

81

Name

Haney, Kelly

82

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

520 Garden Oaks Cove

83

84

City

Niceville

FL

85

Zip Code

32578

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Kelly Haney

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PARL	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA-RIOS, MARY JANE	
STREET ADDRESS	206 GRANDVIEW AVE	
CITY-ST-ZIP	VALPARAISO FL 32580	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HANEY, KELLY	
STREET ADDRESS	520 GARDEN OAKS COVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNS, KATHLEEN	
STREET ADDRESS	920 BANBI DR.	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GIVEN, ANA	
STREET ADDRESS	289 SHALIMAR DR	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHENTHAL, BRENDA	
STREET ADDRESS	606 MAGNOLIA DR.	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BLANCHARD, ELLEN	
STREET ADDRESS	265 SHALIMAR DR.	
CITY-ST-ZIP	SHALIMAR FL 32579	

11 TITLE	PARL. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Haney, Kelly	
13 STREET ADDRESS	520 Garden Oaks Cove	
14 CITY-ST-ZIP	Niceville, FL 32578	
21 TITLE	PD elect, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Christine Fossum, Christine	
23 STREET ADDRESS	11 Country Club Drive	
24 CITY-ST-ZIP	Shalimar, FL 32579	
31 TITLE	President, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Johns, Kathleen	
33 STREET ADDRESS	920 Bambi Drive	
34 CITY-ST-ZIP	Destin, FL 32541	
41 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Bader, Linda	
43 STREET ADDRESS	3893 Indian Trail	
44 CITY-ST-ZIP	Destin, FL 32541	
51 TITLE	Vice president	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Beraha, Ellen	
53 STREET ADDRESS	912 Woodbriar Court	
54 CITY-ST-ZIP	Fort Walton Beach, FL 32547	
61 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Blanchard, Ellen	
63 STREET ADDRESS	810 N. Eglin Pkwy #12	
64 CITY-ST-ZIP	Fort Walton Beach, FL 32547	

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)(k), 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: Ellen Blanchard (Ellen Blanchard) 4/15/96 (904)864-2935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)