

FILE NOW: FILING FEE IS \$61.25

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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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

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

3. Date Incorporated or Qualified	12/13/1988
4. FEI Number	59-2955434
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
JOHNS, KATHLEEN 920 BAMBI DR DESTIN FL 32541

10. Name and Address of New Registered Agent
81 Name Fossum, Christine
82 Street Address (P.O. Box Number is Not Acceptable)
83 11 Country Club Rd
84 Shalimar
City FL 85 Zip Code 32579

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 *[Signature]* 25 Feb 98 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	JOHNS, KATHLEEN	1.2 NAME	Fossum, Christine
STREET ADDRESS	920 BAMBI DR	1.3 STREET ADDRESS	11 Country Club Road
CITY-ST-ZIP	DESTIN FL	1.4 CITY-ST-ZIP	Shalimar, FL 32579
TITLE	D	2.1 TITLE	PD
NAME	FOSSUM, CHRISTINE	2.2 NAME	Hutchins, Laurie
STREET ADDRESS	11 COUNTRY CLUB DR	2.3 STREET ADDRESS	915 Beachview Dr.
CITY-ST-ZIP	SHALIMAR FL	2.4 CITY-ST-ZIP	Fort Walton Beach, FL 32547
TITLE	ST	3.1 TITLE	ST
NAME	HSIANG, EMILY	3.2 NAME	Blumberg, Gayle
STREET ADDRESS	1558 GLEN LAKE CIRCLE	3.3 STREET ADDRESS	2359 Tule Bay View
CITY-ST-ZIP	NICEVILLE FL	3.4 CITY-ST-ZIP	Fort Walton Beach, FL 32547
TITLE	S	4.1 TITLE	ST
NAME	BADER, LINDA	4.2 NAME	HSIANG, Emily
STREET ADDRESS	3893 INDIAN TRAIL	4.3 STREET ADDRESS	1558 Glenlake Circle
CITY-ST-ZIP	DESTIN FL 32541	4.4 CITY-ST-ZIP	Niceville, FL 32578
TITLE	VP	5.1 TITLE	VP
NAME	BERAHA, ELLEN	5.2 NAME	Given, Anna
STREET ADDRESS	912 WOODBRIAR COURT	5.3 STREET ADDRESS	289 Shalimar Drive
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	5.4 CITY-ST-ZIP	Shalimar, FL 32579
TITLE	T	6.1 TITLE	ST
NAME	BLANCHARD, ELLEN	6.2 NAME	Quigley, Kelley
STREET ADDRESS	901 BEACHVIEW DR	6.3 STREET ADDRESS	111 Magna Dr.
CITY-ST-ZIP	FORT WALTON BEACH FL	6.4 CITY-ST-ZIP	Shalimar, FL 32579

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 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: *[Signature]* 25 Feb 850 8622555

CR2E037 (10/97)