

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90077 047 \*\*\*\*61.25

**DOCUMENT # N29689**

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.

3. Date Incorporated or Qualified

**12/13/1988**

4. FEI Number

**59-2955434**

Applied For

Not Applicable

23 City & State

28 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24 Zip

Country

29 Zip

Country

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOSSOM, CHRISTINE**  
**11 COUNTRY CLUB RD**  
**SHALIMAR FL 32579**

81 Name

**Laurie Hutchens**

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

**915 Beachview Drive**

83

84 City

**Fort Walton Beach**

**FL**

85 Zip Code

**32547**

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

*Laurie Hutchens*

**3-22-99**

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** ☒ DELETE  
NAME **FOSSUM, CHRISTINE**  
STREET ADDRESS **11 COUNTRY CLUB ROAD**  
CITY-ST-ZIP **SHALIMAR FL 32579**

1.1 TITLE **President** ☐ Change ☒ Addition  
1.2 NAME **Laurie Hutchens**  
1.3 STREET ADDRESS **915 Beachview Drive**  
1.4 CITY-ST-ZIP **Fort Walton Bch. FL 32547**

TITLE **PED** ☒ DELETE  
NAME **HUTCHINS, LAURIE**  
STREET ADDRESS **915 BEACHVIEW DR**  
CITY-ST-ZIP **FT WALTON BEACH FL 32547**

2.1 TITLE **President-Elect** ☐ Change ☒ Addition  
2.2 NAME **Laurie Koszuta**  
2.3 STREET ADDRESS **1666 Parkside Circle**  
2.4 CITY-ST-ZIP **Niceville, FL 32578**

TITLE **TS** ☐ DELETE  
NAME **BLUMBERG, GAYLE**  
STREET ADDRESS **2359 TWIN BAY VIEW**  
CITY-ST-ZIP **FT WALTON BEACH FL 32547**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE  
NAME **HSIANG, EMILY**  
STREET ADDRESS **1558 GLENLAKE CIR**  
CITY-ST-ZIP **NICEVILLE FL 32578**

4.1 TITLE **Treasurer** ☐ Change ☒ Addition  
4.2 NAME **Pam Burden**  
4.3 STREET ADDRESS **86 Cayman Cove**  
4.4 CITY-ST-ZIP **Destin, FL 32941**

TITLE **VP** ☐ DELETE  
NAME **GIVEN, ANA**  
STREET ADDRESS **289 SHALIMAR DRIVE**  
CITY-ST-ZIP **SHALIMAR FL 32579**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **ST** ☒ DELETE  
NAME **QUIGLEY, KELLEY**  
STREET ADDRESS **111 MEGO DR**  
CITY-ST-ZIP **SHALIMAR FL 32579**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Laurie Hutchens*

**3/22/99**

**850-863-8851**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)