

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29689

1. Entity Name

OKALOOSA COUNTY MEDICAL ALLIANCE, INC.

Principal Place of Business

P.O. BOX 4343
FORT WALTON BEACH FL 32549
US

Mailing Address

P.O. BOX 4343
FORT WALTON BEACH FL 32549-4343
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2955434

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

HUTCHENS, LAURIE
915 BEACHVIEW DR
FT WALTON BEACH FL 32547

Name
Koszuta, Laurie
Street Address (P.O. Box Number is Not Acceptable)
1666 Parkside Circle
City
Niceville FL Zip Code
32578

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE KOSZUTA, LAURIE 1666 PARKSIDE CIR NICEVILLE FL 32578	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUTCHINS, LAURIE 915 BEACHVIEW DR FT WALTON BEACH FL 32547	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BLUMBERG, GAYLE 2359 TWIN BAY VIEW FT WALTON BEACH FL 32547	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURDEN, PAM 86 CAYMAN COVE DESTIN FL 32541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIVEN, ANA 289 SHALIMAR DRIVE SHALIMAR FL 32579	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE Carr, Linda 229 Yacht Club Drive Ft. Walton Beach FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Koszuta, Laurie 1666 Parkside Circle Niceville FL 32578	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS Harvey, Dellann 640 Killecullen Dr. Niceville FL 32578	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Blumberg, Gayle 2359 Twin Bay View Ft. Walton Beach FL 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kindley, Lynn 2691 Hwy 98 West Mary Esther FL 32569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

4/26/00

Date

850-897-7528

Daytime Phone #

CR2E037 (9/99)