

# 2001 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  
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

HUTCHENS, LAURIE  
1666 PARKSIDE CIRCLE  
NICEVILLE FL 32578

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KOSZUTA, LAURIE	
STREET ADDRESS	1666 PARKSIDE CIR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	PE	<input checked="" type="checkbox"/> Delete
NAME	CARR, LINDA	
STREET ADDRESS	229 YACHT CLUB DRIVE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BLUMBERG, GAYLE	
STREET ADDRESS	2359 TWIN BAY VIEW	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	HARREY, DELLANN	
STREET ADDRESS	640 KILEULLEN DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KINDLEY, LYNN	
STREET ADDRESS	2691 HWY 98 WEST	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Carr	
STREET ADDRESS	229 Yacht Club	
CITY-ST-ZIP	Fort Walton Beach FL 32548	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Emily Hsiao	
STREET ADDRESS	1558 Glenlake Circle	
CITY-ST-ZIP	Niceville FL 32578	
TITLE	Secretary D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pam Fleischer	
STREET ADDRESS	17 Bay Shore Dr	
CITY-ST-ZIP	SPALMAR FL 32579	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joey Lewis D	
STREET ADDRESS	9045 Cove Lane	
CITY-ST-ZIP	SPALMAR FL 32579	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01 850 243-8508

Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

00000123

CR2E037 (10/00)