

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90148 002 \*\*\*\*61.25

**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

**Gayle Blumberg**

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

**2359 Twin Bay View**

City

**Fort Walton Beach**

FL

Zip Code

**32547**

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

*Gayle Blumberg*  
 Signature, typed or printed name of registered agent and title if applicable.

**GAYLE BLUMBERG**

(NOTE: Registered Agent signature required when reinstating)

*Jan 29, 2002*  
 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 ☒ Delete  
 NAME CARR, LUNDA  
 STREET ADDRESS 229 YACHT CLUB  
 CITY-ST-ZIP FT WALTON BEACH FL 33548

TITLE TD ☒ Delete  
 NAME SAING, EMILY  
 STREET ADDRESS 1558 GLENLAKE CIRCLE  
 CITY-ST-ZIP NICEVILLE FL 32578

TITLE DS ☐ Delete  
 NAME FLEISCHER, PAM  
 STREET ADDRESS 17 BAY SHORE DRIVE  
 CITY-ST-ZIP SHALIMAR FL 32579

TITLE VP ☒ Delete  
 NAME LEWIS, JOEY D  
 STREET ADDRESS 9 BAY COVE LANE  
 CITY-ST-ZIP SHALIMAR FL 32579

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
 NAME Blumberg, Gayle  
 STREET ADDRESS 2359 Twin Bay View  
 CITY-ST-ZIP Ft. Walton Beach FL 32547

TITLE TD ☒ Change ☐ Addition  
 NAME Ellen Ringel  
 STREET ADDRESS 1701 OSLER AVE  
 CITY-ST-ZIP NICEVILLE, FL 32578

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME Kathleen Broaderick  
 STREET ADDRESS 4243 OHLIAKE COVE  
 CITY-ST-ZIP NICEVILLE, FL 32578

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02

850-678-8414

CR2E037 (9/01)