

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29689

**FILED**  
**Mar 04, 2004**  
**Secretary of State****Entity Name:** OKALOOSA COUNTY MEDICAL ALLIANCE, INC.**Current Principal Place of Business:**P.O. BOX 4343  
FORT WALTON BEACH, FL 32549 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 4343  
FORT WALTON BEACH, FL 32549 US**New Mailing Address:****FEI Number:** 59-2955434**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**RINGEL, ELLEN  
221 YACHT CLUB DR  
NICEVILLE, FL 32578**Name and Address of New Registered Agent:**RIGBY, EMILY  
289 BRIARWOOD CIRCLE  
FORT WALTON BEACH, FL 32578

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: EMILY RIGBY

03/04/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BLANCHARD, ELLEN  
Address: 901 BEACHVIEW DR  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: TD ( ) Delete  
Name: RINGEL, ELLEN  
Address: 221 YACHT CLUB DR  
City-St-Zip: NICEVILLE, FL 32578

Title: DS ( ) Delete  
Name: FLEISCHER, PAM  
Address: 17 BAY SHORE DRIVE  
City-St-Zip: SHALIMAR, FL 32579

Title: VP ( ) Delete  
Name: BROADERICK, KATHLEEN  
Address: 4243 OTTERLAKE COVE  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HART, DOREEN  
Address: 1706 15TH STREET  
City-St-Zip: NICEVILLE, FL 32578

Title: TD (X) Change ( ) Addition  
Name: RIGBY, EMILY  
Address: 289 BRIARWOOD CIRCLE  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: DS (X) Change ( ) Addition  
Name: TANNER, LYNNE  
Address: 6309  
City-St-Zip: DESTIN, FL 32550

Title: VP (X) Change ( ) Addition  
Name: FELDMAN, GINA  
Address: 7 BAY COVE LANE  
City-St-Zip: SHALIMAR, FL 32579

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILY RIGBY

TD

03/04/2004

Electronic Signature of Signing Officer or Director

Date