2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2006 8:00 am Secretary of State

DOCUMENT # N29689 1. Entity Name OKALOOSA COUNTY MEDICAL ALLIANCE, INC.							0103 014 ****61	
Principal Place of Business Mailing Address P.O. BOX 4343 P.O. BOX 4343 FORT WALTON BEACH, FL 32549 US FORT WALTON BEACH, FL			L 32549 US		I KORKURI DIR UDKI	1810 6101 1818 (611		BANTA DA NORTA
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02272006 Chg-NP CR2E037 (11/05)			
City & Stat	6	City & State			4. FEI Number 59-295543	34		pplied For lot Applicable
Zip	Country		Country	_	5. Certificate of S	tatus Desired	S8.75 Ac Fee Requir	
	6. Name and Address of Current F	Registered Agent			7. Name and Add	tress of New R	egistered Agent	
OUELLET	TE, GWEN	.	Name	TY	ancone	,	ura	1
2804 SAM SNEAD COURT SHALIMAR, FL 32579			Street	Address (P.O. Box Number is	Not Acceptable	"Road	
188			City					
The above named entity submits this statement for the purpose of changing its region.				1010eVIIIe FL 32578				
the obligat	tions of registered agent.	ecter, v	PD	or register	ed agent, or both, in	n the State of Fid	am familiar with	o, and accept
	Signature, typed or printed name of registered agent a	nd title if applicable. He (NOTE:	Registered Agent sign	nature required	when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Carni Trust Fund Co	eaign Financing		\$5.00 May Be Added to Fees	1	ake check payable	
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Camp Trust Fund Co	eaign Financing	' ₋	\$5.00 May Be Added to Fees	Flori	ake check payable	State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing Intribution.	PD	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Floring Florin	ake check payable ida Department of S	N 10
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2. I nereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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: _

Hugh Duellette, VP SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Such Ouellette. 8506513477

Daytime Phone #