

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90161 020 ****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**

10019081



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2955434**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLUMBERG, GAYLE
2359 TWIN BAY VIEW
FORT WALTON BEACH FL 32547**

7. Name and Address of New Registered Agent

Name **Ellen Ringel**

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

221 Yacht Club Drive

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Ellen Ringel (TD)**

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

(NOTE: Registered Agent signature required when reinstating)

2/6/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **BLUMBERG, GAYLE**
STREET ADDRESS **2359 TWIN BAY VIEW**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **TD** ☐ Delete
NAME **RINGEL, ELLEN**
STREET ADDRESS **1701 OSCEOLA BAY AVE**
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 **BROADERICK, KATHLEEN**
STREET ADDRESS **4243 OTTERLAKE COVE**
CITY-ST-ZIP **NICEVILLE FL 32578**

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 **Ellen Blanchard**
STREET ADDRESS **901 Beachview Dr.**
CITY-ST-ZIP **Fort Walton Beach FL 32547**

TITLE **TD** ☒ Change ☐ Addition
NAME **Ellen Ringel**
STREET ADDRESS **221 Yacht Club Dr.**
CITY-ST-ZIP **Niceville FL 32578**

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

TITLE ☐ Change ☐ Addition
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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: **Ellen Ringel**

2/3/03

850-678-8414

CR2E037 (10/02)