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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 18, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # **N93000001103 (1)**

1. Corporation Name

**OKALOOSA MEDICAL ASSISTANCE CENTER, INC.**



Principal Place of Business

Mailing Address

**%JAMES G. ETHEREDGE**  
**226 TROY ST., N.E.**  
**FT. WALTON BEACH FL 32548**

**%JAMES G. ETHEREDGE**  
**226 TROY ST., N.E.**  
**FT. WALTON BEACH FL 32548**

3. Date Incorporated or Qualified  
**02/26/1993**

3a. Date of Last Report  
**03/09/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ETHEREDGE, JAMES G**  
**226 TROY ST., N.E.**  
**FT. WALTON BEACH FL 32548**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **KINZELMAN, MATTHEW G M.D.**

STREET ADDRESS **708 VINTAGE CIRCLE**

CITY - ST - ZIP **DESTIN FL 32541**

TITLE **D** ☐ DELETE

NAME **BERG, DORIS L**

STREET ADDRESS **59 POQUITO RD.**

CITY - ST - ZIP **SHALIMAR FL 32579**

TITLE **D** ☒ DELETE

NAME **NASH, SYLVIA D**

STREET ADDRESS **258 YACHT CLUB DR.**

CITY - ST - ZIP **FT. WALTON BEACH FL 32548**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**P/D**

**KINZELMAN, MATTHEW G M.D.**

**708 VINTAGE CIRCLE**

**DESTIN FL 32541**

**V/D**

**BELL, HUGH**

**20 OAKDALE ROAD NW**

**FORT WALTON BEACH FL 32547**

**T/D**

**HARRISON, MARK**

**99 4TH AVE #109**

**SHALIMAR FL 32579**

**S/D**

**WILLIAMS, LEE**

**112 EDWARDS CIRCLE**

**VALPARAISO FL 32580**

**700001898587**

**-07/18/96--01059--035**

**\*\*\*\$61.25**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)