

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

**FILED**  
**Apr 10, 1997 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 32548-4433**

3. Date Incorporated or Qualified

**02/26/1993**

3a. Date of Last Report

**07/18/1996**

4. FEI Number

**59-3206653**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional**

**Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be**

**Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

**21 221 NE Hospital Dr**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

**23 Ft. Walton Beach FL**

27 City & State

**28 City & State**

24 Zip

Country

**24 32548**

**25 US**

29 Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD**  
**KINZELMAN, MATTHEW G M.D.**  
**708 VINTAGE CIRCLE**  
**DESTIN FL 32541**

TITLE ☐ DELETE

**D**  
**BERG, DORIS L**  
**59 POQUITO RD.**  
**SHALIMAR FL 32579**

TITLE ☒ DELETE

**VD**  
**BELL, HUGH**  
**20 OAKDALE ROAD NW**  
**FORT WALTON BEACH FL 32547**

TITLE ☐ DELETE

**TD**  
**HARRISON, MARK**  
**99 4TH AVE #109**  
**SHALIMAR FL 32579**

TITLE ☐ DELETE

**SD**  
**WILLIAMS, LEE**  
**112 EDWARDS CIRCLE**  
**VALPARAISO FL 32580**

TITLE ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

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

**11/29/1/13/97**

CR2E037 (9/96)