

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF REVENUE <b>Sandra B. Morth</b> , m Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001103 (1)**

1. Corporation Name

**OKALOOSA MEDICAL ASSISTANCE CENTER, INC.**



Principal Place of Business <b>221 NE HOSPITAL DR FT. WALTON BEACH FL 32548 US</b>	Mailing Address <b>%JAMES G. ETHEREDGE 226 TROY ST., N.E. FT. WALTON BEACH FL 32548</b>
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3. Date Incorporated or Qualified

**02/26/1993**

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**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>KINZELMAN, MATTHEW G M.D.</b>	
STREET ADDRESS	<b>708 VINTAGE CIRCLE</b>	
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BERG, DORIS L</b>	
STREET ADDRESS	<b>59 POQUITO RD.</b>	
CITY-ST-ZIP	<b>SHALIMAR FL 32579</b>	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>LIND, VIRGINIA A.</b>
2.3 STREET ADDRESS	<b>13 HOLMES BLVD</b>
2.4 CITY-ST-ZIP	<b>FORT WALTON BEACH, FL 32548</b>

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRISON, MARK</b>	
STREET ADDRESS	<b>99 4TH AVE #109</b>	
CITY-ST-ZIP	<b>SHALIMAR FL 32579</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILLIAMS, LEE</b>	
STREET ADDRESS	<b>112 EDWARDS CIRCLE</b>	
CITY-ST-ZIP	<b>VALPARAISO FL 32580</b>	

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>MOSLEY, BARBARA A.</b>
4.3 STREET ADDRESS	<b>19 BAYVIEW DRIVE</b>
4.4 CITY-ST-ZIP	<b>SHALIMAR, FL 32569</b>

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

SIGNATURE: *[Signature]*

1/2/97 8508339244

CR2E037 (10/97)