

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001103

1. Entity Name

OKALOOSA MEDICAL ASSISTANCE CENTER, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90009 012 ****61.25

Principal Place of Business

221 NE HOSPITAL DR
 FT. WALTON BEACH FL 32548
 US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

P.O. Box 2573

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Walton Beach FL

Zip

Country

Zip

Country

32549

USA

4. FEI Number

59-3206653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME KINZELMAN, MATTHEW G M.D.
 STREET ADDRESS 708 VINTAGE CIRCLE
 CITY-ST-ZIP DESTIN FL 32541 ☒ Delete

TITLE PD
 NAME Lind, Virginia A.
 STREET ADDRESS 13 HOLMES BLVD
 CITY-ST-ZIP FOOT WALTON BEACH FL 32548 ☒ Change ☐ Addition

TITLE D
 NAME LIND, VIRGINIA A
 STREET ADDRESS 13 HOLMES VLVD
 CITY-ST-ZIP FT. WALTON BEACH FL 32548 ☒ Delete

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

TITLE TD
 NAME HARRISON, MARK
 STREET ADDRESS 99 4TH AVE #109
 CITY-ST-ZIP SHALIMAR FL 32579 ☐ Delete

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

TITLE SD
 NAME MOSLEY, BARBARA A
 STREET ADDRESS 19 BAYVIEW DR
 CITY-ST-ZIP SHALIMAR FL 32569 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK T. HARRISON 9/12/00

Date

850-796-0026

Daytime Phone #

CR2E037 (5/00)