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FILED  
Jun 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000000719 (2)

1. Corporation Name

ESCAMBIA COUNTY MEDICAL ALLIANCE FOUNDATION, INC



Principal Place of Business

Mailing Address

1251 NORTHBROOK DRIVE  
PENSACOLA FL 32504

1251 NORTHBROOK DRIVE  
PENSACOLA FL 32504-6634

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 529 FONTAINE ST.

26 529 FONTAINE ST

23 City & State  
PENSACOLA, FL

27 City & State  
PENSACOLA, FL

24 Zip  
32503

28 Zip  
32503

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
02/09/1996

3a. Date of Last Report

4. FEI Number

59-3365783

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

10. Name and Address of New Registered Agent

PYLE, MARY L  
1251 NORTHBROOK DRIVE  
PENSACOLA FL 32504

11 Name  
BRINKLEY, CARA

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

529 FONTAINE STREET

City PENSACOLA FL 85 Zip Code 32503

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 PD  
NAME PYLE, MARY L  
STREET ADDRESS 1251 NORTHBROOK DRIVE  
CITY-ST-ZIP PENSACOLA FL 32504

TITLE VD  
NAME KRUEGER, DEE  
STREET ADDRESS 3913 WEST MADURA  
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE SD  
NAME WALKER, DIANE  
STREET ADDRESS 1121 NORTH BARCELONA  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE PD  
NAME BRINKLEY, CARA  
STREET ADDRESS 4460 D'EVEREUX DRIVE  
CITY-ST-ZIP PENSACOLA FL 32504

TITLE SD  
NAME STOCKAMP, TOMMIE  
STREET ADDRESS 4815 FRANCISCO  
CITY-ST-ZIP PENSACOLA FL 32504

TITLE TD  
NAME VIDEAU, LOUISE  
STREET ADDRESS 4530 FRANCISCO ROAD  
CITY-ST-ZIP PENSACOLA FL 32504

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President  
1.2 NAME Brinkley, Cara  
1.3 STREET ADDRESS 529 Fontaine Street  
1.4 CITY-ST-ZIP Pensacola, FL 32503

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

14. 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.

CR2E037 (9/96)

6/17/97  
Lsh dep 61.25