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**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9600000719

ESCAMBIA COUNTY MEDICAL ALLIANCE FOUNDATION, INC

Principal Place of Business

Mailing Address

Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   201	529 FONTAINE ST. 529 FONTAINE ST. PENSACOLA FL 32503 PENSACOLA FL 32503						
Sufie, Apt. #, etc.    27				<del></del>			
27   City & State   City &							
City & State    City & State   City			<b>⊢</b>			59-3365783 Not Applicable	
Zip Country Zip Country	City & State		<u> </u>	¬ ´		1 B. Cartifooto of Statue Decired	
Street Address of Name and Address of Name and Address of Name   Patty Lou Kattner	Zip	_ `				· · · · · · · · · · · · · · · · · · ·	
RRUEGER, DE  529 FONTAINE ST.  PENSACOLA FL 32503  1. 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 fis registered agent, an affailise with, and accept the obligations of, Section 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing fis registered agent, an affailise with, and accept the obligations of, Section 617.0503, Florida Statutes.  1. 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 fis registered agent, an affailiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  1. 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 fis registered agent, an affailiar with a capture for the purpose of changing fis registered agent, and an affailiar with a capture for the purpose of changing fis registered agent, and an affailiar with a capture for the purpose of changing fis registered agent, and an affailiar with a capture for the purpose of changing fis registered agent, and an affailiar with a capture for the purpose of changing fis registered agent, and an affailiar with a capture for the purpose of changing fis registered agent, and an affailiar with a capture for the purpose of changing fis registered agent, and an affailiar with a capture for the purpose of changing fis registered agent, and an affailiar with a capture for the purpose of changing fis registered agent, and an affailiar with a capture for the purpose of changing fis registered agent, and an affailiar with a capture for the purpose of changing fis registered agent, and an affailiar with a capture for the purpose of changing fis registered agent, and an affailiar with a capture for the purpose of changing fis registered agent, and an		9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
KRUEGER, DEE 529 FONTAINE ST. PENSACOLA FL 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 fits registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing fits registered agent, and accept the colligations of, Section 617.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing fits registered agent, and accept the colligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing fits registered agent, and accept the colligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing fits registered agent, and accept the colligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing fits registered agent, and accept the colligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing fits registered agent, and accept the colligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing fits registered agent, and accept the colligations of the corporation submits this statement for the purpose of changing fits registered agent, or obtained agent, or obtained agent, or obtained submits as talement for the purpose of changing fits registered agent, or obtained submits as talement or purpose of changing fits registered agent, or obtained agent and accept the colligations of fits of purpose of changing fits registered agent, or obtained agent and accept the colligations of fits of directors. Interest purpose of changing fits registered agent, or obtained agent and accept the corporation submits the statement or the purpose of changing fi				81	Name	Patty Lou Kattner	
PENSACOLA FL 32503    Pensacolage_Florida 32503   Pensacol	KRUEGER, DEE			82	Street	Address (P.O. Box Number is Not Acceptable)	
PENSACULA FL 32503    Section   Sect	529 FON	TAINE ST.		-		529 Fontaine Street	
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 agent, or both, in the State of Florida. Such change was authorized by the corporation's shoard of directors. I hereby accept the exponentine as registered agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the corporation's shoard of directors. I hereby accept the exponentine as registered agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I hereby accept the exponentine as registered agent. I hereby accept the exponentine agent. I hereby accept the exponential agent. I hereby accept the exponentine agent. I hereby accept the exponential agent. I	PENSACO	DLA FL 32503		83		(Pana 7201628 Florida 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 the registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing the registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits has statement for the purpose of changing the registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits has statement for the purpose of changing the registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits above appeals with the corporation should be precised agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits above appeals with the corporation should be precised agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes, the above-named corporation submits above of directors. I hereby accept the exponents agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes, and the corporation of directors. I hereby accept the exponents agent. I am familiar with, and accept the obligations of directors. I hereby accept the exponents agent. I am familiar with, and accept the obligations of directors. I hereby accept the exponents agent. I am familiar with, and accept the obligations of directors. I hereby accept the exponents agent. I am familiar with, and accept the obligation of directors. I hereby accept the corporation of directors. I hereby ac				84	City	85 Zip Code	
office or registered agent, or both, in the State of Florida. Such change was authorized by the comporation spoored directors. Interest agent and manager than a dacept the obligations of, Section 617:0503, Florids, Suptides.    Signature   Patty   Loui   Kattner   President   More   Manager   More   More   Manager   More   Manager   More   More   Manager   More   Mo			1047.4500.51.74.04.4.4	455		FL 32503	
SIGNATURE PATTY   DELETE   SITURE   SIT	Office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's/board of directors, I nereby accept the appointment as registered.						
TILE SD DELETE SPINKLEY, CARA STREET ADDRESS SQP FONT AINE ST. CITY-ST-ZIP TITE PO DELETE STREET ADDRESS STREET	agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Stalutes.						
TILE SD DELETE SPINKLEY, CARA STREET ADDRESS SQP FONT AINE ST. CITY-ST-ZIP TITE PO DELETE STREET ADDRESS STREET	SIGNATURE	Patty Lou Kattne	r, President	70th	(10)	Jane 1/27/99	
TITLE BRINKLEY, CARA BRINKLEY, CARA STREET ADDRESS S29 FONTAINE ST. S20 FO						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
BRINKLEY, CARA  STREET ADDRESS  CITY-ST-ZP  PD  DELETE  TITLE  PD  DELETE  STREET ADDRESS  CITY-ST-ZP  TITLE  VD  DELETE  STREET ADDRESS  CITY-ST-ZP  GULF BREEZE FL 32561  TITLE  SD  DELETE  41 TITLE  SD  DELETE  51 TITLE  SD  DAVIS, LIZ  SOBO DELETE  51 TITLE  SD  DAVIS, LIZ  SOBO DELETE  51 TITLE  SD  DELETE  51 TITLE  MD:  Carol Weaver  3711 Ceylon  Gulf Breeze, F1. 32561  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  SD  DELETE  51 TITLE  MD:  DELETE  51 TITLE  MD:  DELETE  TITLE  MD:  DELETE  TITLE  MD:  DELETE  TITLE  MD:  DELETE  SD  DELETE  SD  Addition  Change  Addition  Change  Addition  Change  Addition  Addition  Change  TITLE  SD  Addition  Change  Addition  Change  Addition  Change  Addition  ADDITION  AND  TITLE  SD  TITLE  ADDITION  AND  TITLE  ADDITION  TITLE  ADDITION  TITLE  ADDITION  TITLE  ADDITION  TITLE  ADDIT  TITLE  ADDITION  TITLE  ADDITION  TITLE  ADDITION  TITLE  ADDI				• ∨		Change Addition	
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PENSACOLA FL 32503    MACITY-ST-ZP  PENSACOLA FL 32503   MACITY-ST-ZP  PENSACOLA FL 32503   Change   Change   SD/Kalthleen (Cardeliza   1325 N.Barcelona St.   SD/Kalthleen (Cardeliza					LADORESS	LayaDroutaine Street	
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NAME  KATTNER, PATTY  STREET ADDRESS  620 BAYCLIFF RD  GULF BREEZE FL 32561  TITLE  TTR  NAME  BRINKLEY, CARA  STREET ADDRESS  CITY-ST-ZIP  FENSACOLA FL 32504  TITLE  STREET ADDRESS  CITY-ST-ZIP  DELETE  AME  DAVIS, LIZ  STREET ADDRESS  CITY-ST-ZIP  PENSACOLA FL 32503  TITLE  TTD  NAME  STREET ADDRESS  CITY-ST-ZIP  PENSACOLA FL 32503  TITLE  TD  NAME  VIDEAU, LOUISE  STREET ADDRESS  STREET ADDRE			☐ DELETE		11-ZIF		
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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, with all other like empowered.

SIGNATURE: