


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90060 044 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000000719</b>					
1. Corporation Name <b>ESCAMBIA COUNTY MEDICAL ALLIANCE FOUNDATION, INC</b>					
Principal Place of Business 529 FONTAINE ST. PENSACOLA FL 32503			Mailing Address 529 FONTAINE ST. PENSACOLA FL 32503		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/09/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3365783	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KRUEGER, DEE 529 FONTAINE ST. PENSACOLA FL 32503				81 Name Patty Lou Kattner 82 Street Address (P.O. Box Number is Not Acceptable) 529 Fontaine Street 83 Pensacola, Florida 32503 84 City 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 Patty Lou Kattner, President *Patty Lou Kattner* 1/27/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	NAME	BRINKLEY, CARA	1.1 TITLE	VP/Patty Lou Kattner	1.2 NAME	529 Fontaine Street
STREET ADDRESS	529 FONTAINE ST.	1.3 STREET ADDRESS	PENSACOLA FL 32503	1.3 STREET ADDRESS	Pensacola, Florida	1.4 CITY-ST-ZIP	32503
CITY-ST-ZIP	PENSACOLA FL 32503	2.1 TITLE	PD	2.2 NAME	SD/Kathleen Cardella	2.3 STREET ADDRESS	1325 N. Barcelona St.
TITLE	PD	2.4 CITY-ST-ZIP	GULF BREEZE FL 32561	3.1 TITLE	SD/Linda Long	3.2 NAME	330 Plantation Hill Road
NAME	KRUEGER, DEE	3.3 STREET ADDRESS	GULF BREEZE FL 32561	3.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	4.1 TITLE	VP/Lizy Davis Kattner
STREET ADDRESS	3913 WEST MADURA	4.2 NAME	3735 Mackey Cove Drive	4.3 STREET ADDRESS	Pensacola, FL 32514	4.4 CITY-ST-ZIP	32514
CITY-ST-ZIP	GULF BREEZE FL 32561	5.1 TITLE	TD/Carol Weaver	5.2 NAME	3711 Ceylon	5.3 STREET ADDRESS	Gulf Breeze, FL 32561
TITLE	VD	5.4 CITY-ST-ZIP	GULF BREEZE FL 32561	6.1 TITLE	MD/Dee Krueger	6.2 NAME	3913 W. Madura Rd.
NAME	KATTNER, PATTY	6.3 STREET ADDRESS	GULF BREEZE FL 32561	6.4 CITY-ST-ZIP	Gulf Breeze, FL 32561		
STREET ADDRESS	620 BAYCLIFF RD						
CITY-ST-ZIP	GULF BREEZE FL 32561						
TITLE	TTR						
NAME	BRINKLEY, CARA						
STREET ADDRESS	4460 D'EVEREUX DRIVE						
CITY-ST-ZIP	PENSACOLA FL 32504						
TITLE	SD						
NAME	DAVIS, LIZ						
STREET ADDRESS	5930 OTTOR PL RD						
CITY-ST-ZIP	PENSACOLA FL 32503						
TITLE	TD						
NAME	VIDEAU, LOUISE						
STREET ADDRESS	4530 FRANCISCO ROAD						
CITY-ST-ZIP	PENSACOLA FL 32504						

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: Patty Lou Kattner *Patty Lou Kattner* 1/27/99 (850) 478-0706  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)