

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000719

FILED
Apr 17, 2007
Secretary of State

Entity Name: ESCAMBIA COUNTY MEDICAL ALLIANCE FOUNDATION, INC.

Current Principal Place of Business:

8880 UNIVERSITY PARKWAY #B
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

8880 UNIVERSITY PARKWAY #B
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 59-3365783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, PATTI
6055 FOREST GREEN RD
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: BUTLER, CATHY
Address: 3700 BARNWELL CIR
City-St-Zip: PENSACOLA, FL 32503

Title: PD () Delete
Name: PARRA, ROCKY
Address: 4575 FRANCISCO
City-St-Zip: PENSACOLA, FL 32504

Title: SD () Delete
Name: SUNNENBERG, DONNA
Address: 4545 FRANCISCO RD
City-St-Zip: PENSACOLA, FL 32504

Title: TD () Delete
Name: MYERS, PATTI
Address: 6055 FOREST GREEN ROAD
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARSHALL, JENNIFER
Address: 5072 PINE HOLLOW DRIVE
City-St-Zip: PENSACOLA, FL 32505

Title: PD (X) Change () Addition
Name: MYERS, PATTI
Address: 6055 FOREST GREEN ROAD
City-St-Zip: PENSACOLA, FL 32505

Title: SD (X) Change () Addition
Name: TURBYFILL, SUZANNE
Address: 2720 BANQUOS TRAIL
City-St-Zip: PENSACOLA, FL 32503

Title: TD (X) Change () Addition
Name: PARRA, ROCKY
Address: 4574 FRANCISCO
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATTI MYERS

PD

04/17/2007

Electronic Signature of Signing Officer or Director

Date