## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9600000719

FILED Jan 16, 2009 Secretary of State

Entity Name: ESCAMBIA COUNTY MEDICAL ALLIANCE FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 8880 UNIVERSITY PARKWAY #B PENSACOLA, FL 32514 **Current Mailing Address: New Mailing Address:** 8880 UNIVERSITY PARKWAY #B PENSACOLA, FL 32514 FEI Number: 59-3365783 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MYERS, PATTI 6055 FÓREST GREEN RD PENSACOLA, FL 32505 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MYERS, PATTI Name: Name: Address: 6055 FOREST GREEN ROAD Address: City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LURATE, STACY Name: Address: 301 WOODBINE ROAD Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: Title: () Delete Title: () Change () Addition SULLIVAN, GRACE Name: Name: 2680 SEMORAN DRIVE Address: Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 01/16/2009