

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90122 015 \*\*\*\*61.25

**DOCUMENT # N97000002463**

1. Entity Name

**OKALOOSA COUNTY MEDICAL ALLIANCE FOUNDATION, INC**



Principal Place of Business

**11 COUNTRY CLUB RD  
SHALIMAR FL 32549**

Mailing Address

**POST OFFICE BOX 4343  
FORT WALTON BEACH FL 32549**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3456203**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BLANDSBY, GARY  
2359 TWIN BAY VIEW  
FORT WALTON BEACH FL 32547**

7. Name and Address of New Registered Agent

Name **Ellen Ringel**  
Street Address (P.O. Box Number is Not Acceptable)

**221 Yacht Club Dr.**

City **Niceville**

**FL**

Zip Code **32578**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Ellen Ringel (TD)**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/5/03**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **BLANBSY, GAYLE**  
STREET ADDRESS **2359 TWIN BAY**  
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **VPD** ☐ Delete  
NAME **KATHLEEN, BROADERICK**  
STREET ADDRESS **9143 CHERLAKE COVE**  
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **SD** ☐ Delete  
NAME **FLEISCHER, PAM**  
STREET ADDRESS **17 BAY SHORE DR**  
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **TD** ☒ Delete  
NAME **HSIANG, EMILY**  
STREET ADDRESS **1558 GLENLAKE CIRCLE**  
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **V** ☒ Delete  
NAME **GINEN, ANA**  
STREET ADDRESS **289 SHALIMAR DRIVE**  
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **S** ☒ Delete  
NAME **QUIGLEY, KELLEY**  
STREET ADDRESS **111 MIEGS DRIVE**  
CITY-ST-ZIP **SHALIMAR FL 32579**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **BLANCHARD, ELLEN**  
STREET ADDRESS **901 Beachview Dr.**  
CITY-ST-ZIP **Fort Walton Beach FL 32547**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition  
NAME **RINGEL, ELLEN**  
STREET ADDRESS **221 YACHT CLUB DR**  
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Designation

CR2E037 (10/02)