



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000001455 1. Entity Name OSCEOLA COUNTY MEDICAL ALLIANCE FOUNDATION, INC.					
Principal Place of Business P.O. BOX 451814 KISSIMMEE FL 34745-1814		Mailing Address P.O. BOX 451814 KISSIMMEE FL 34745-1814			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3567260 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MCMILLEN, KATHLEEN 3704 CHAPLAN RD. SAINT CLOUD FL 34772				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SANCHEZ, DE FUENTES 1482 GRANDVIEW BLVD. KISSIMMEE FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000260908 03/12/05-80043-017 61.25		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD NOOA, GLORIA 713 ADRIANE PARK CIRCLE KISSIMMEE FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S CAPOBIANCO, ELIZABETH 1830 KINGS HIGHWAY KISSIMMEE FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T MCMILLEN, KATHLEEN 3704 CHAPLAN RD. SAINT CLOUD FL 34772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S SOVRAN, MELISSA 1880 WILLOW CT. KISSIMMEE FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Kathleen McMillen</u> KATHLEEN McMILLEN 3-11-05 407-892-1444 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					