

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000001455</b>	
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



01092007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3567260	Applied For Not Applicable
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

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, DE FUENTES 1482 GRANDVIEW BLVD. KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NODA, GLORIA 713 ADRIANE PARK CIRCLE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAPOBIANCO, ELIZABETH 1830 KINGS HIGHWAY KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCMILLEN, KATHLEEN 3704 CHAPLAN RD. SAINT CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOVRAN, MELISSA 1880 WILLOW CT. KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000712756  
04/26/07-80061-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Kathleen M. Millen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-07 407-892-1444  
Date Daytime Phone #