

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001455

FILED
Feb 01, 2011
Secretary of State

Entity Name: OSCEOLA COUNTY MEDICAL ALLIANCE FOUNDATION, INC.

Current Principal Place of Business:

1482 GRANDVIEW BLVD
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 451814
KISSIMMEE, FL 347451814

New Mailing Address:

FEI Number: 59-3567260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMILLEN, KATHLEEN
3704 CHAPLAN RD.
SAINT CLOUD, FL 34772 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: P
Name: SANCHEZ DE FUENTES, OLGA
Address: 1482 GRANDVIEW BLVD.
City-St-Zip: KISSIMMEE, FL 34744

Title: VD
Name: NODA, GLORIA
Address: 713 ADRIANE PARK CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: S
Name: CAPOBIANCO, ELIZABETH
Address: 1830 KINGS HIGHWAY
City-St-Zip: KISSIMMEE, FL 34744

Title: T
Name: MCMILLEN, KATHLEEN
Address: 3704 CHAPLAIN RD.
City-St-Zip: SAINT CLOUD, FL 34772

Title: S
Name: SOVRAN, MELISSA
Address: 1880 WILLOW CT.
City-St-Zip: KISSIMMEE, FL 34744

I hereby 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 all other like empowered.

SIGNATURE: OLGA SANCHEZ DE FUENTES

PRES

02/01/2011

Electronic Signature of Signing Officer or Director

Date