

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001455

FILED  
Jan 24, 2012  
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:** SOVRAN, MELISSA  
**Address:** 1800 WILLOW CT  
**City-St-Zip:** KISSIMMEE, FL 34744

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

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

P

01/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date