

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90119 033 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3567260**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SANCHEZ DE FUENTES, OLGA
1482 GRANDVIEW BLVD
KISSIMMEE FL 34744**

7. Name and Address of New Registered Agent

Name

SAME

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 *Olga Sanchez de Fuentes*

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

(NOTE: Registered Agent signature required when reinstating)

1-16-2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	NODA, GLORIA		
STREET ADDRESS	713 ADRIANE PARK CIR		
CITY-ST-ZIP	KISSIMMEE FL 34744		
VD	CAPOBIANCO, ELIZABETH		
STREET ADDRESS	1830 KINGS HWY		
CITY-ST-ZIP	KISSIMMEE FL 34744		
SD	PRICE, NANCY		
STREET ADDRESS	2750 CLAY WHALEY RD		
CITY-ST-ZIP	SAINT CLOUD FL 34772		
TD	SANCHEZ DE FUENTES, OLGA		
STREET ADDRESS	1482 GRANDVIEW BLVD		
CITY-ST-ZIP	KISSIMMEE FL 34744		

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: *Olga Sanchez de Fuentes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-2003

407-847-4678

CR2E037 (10/02)