

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N18955** (7)

1. Corporation Name  
**COMMUNITY HEALTH ALLIANCE, INC.**



Principal Place of Business Mailing Address  
**14540 CORTEZ BLVD. BROOKSVILLE FL 34605-0037** **14540 CORTEZ BLVD. BROOKSVILLE FL 34605-0037**

3. Date Incorporated or Qualified **01/27/1987** 3a. Date of Last Report **10/09/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For				
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-2764681</b>	Not Applicable				
22	City & State	27	City & State	5.	Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				
					Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
23	Zip	28	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**DOLINER, NATHANIEL L.  
ONE HARBOUR PLACE  
SUITE 500  
TAMPA FL 33602**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	<b>5th Floor</b>
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **2-16-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BEAGLE, H. DEAN</b>	1.2 NAME	<b>Gonzalez, Sonia</b>
STREET ADDRESS	<b>24124 WESTMINSTER COURT</b>	1.3 STREET ADDRESS	<b>18621 Holden Drive</b>
CITY-ST-ZIP	<b>BROOKSVILLE FL 34601</b>	1.4 CITY-ST-ZIP	<b>Spring Hill, FL 34610</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DANIEL, DEBBIE</b>	2.2 NAME	<b>Springstead, Richard W.</b>
STREET ADDRESS	<b>621 W JEFFERSON AVENUE</b>	2.3 STREET ADDRESS	<b>33 Ponce De Leon Blvd.</b>
CITY-ST-ZIP	<b>BROOKSVILLE FL 34601</b>	2.4 CITY-ST-ZIP	<b>Brooksville, FL 34601</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRITCHETT, JIM</b>	3.2 NAME	<b>Daniel, Debbie</b>
STREET ADDRESS	<b>23458 CROOM ROAD</b>	3.3 STREET ADDRESS	<b>808 Buena Vista Ave.</b>
CITY-ST-ZIP	<b>BROOKSVILLE FL 34601</b>	3.4 CITY-ST-ZIP	<b>Brooksville, FL 34601</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Ferguson, Bernadette</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>5354 Tanner Road</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Spring Hill, FL 34609</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *H. Dean Beagle* **H. Dean Beagle** DATE: **2-24-96** DAYTIME PHONE #: **799-6370**

CR2E037 (12/95)