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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998

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**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified
01/27/1987

4. FEI Number **59-2764681** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**DOLINER, NATHANIEL L.
ONE HARBOUR PLACE
5TH FLOOR
TAMPA FL 33602**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
777 S. Harbour Island Boulevard
83 **One Harbour Place**
84 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	BEAGLE, H. DEAN	
STREET ADDRESS	24124 WESTMINSTER COURT	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BARB, THOMAS D	
STREET ADDRESS	3303 FLAMINGO BLVD.	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DANIEL, DEBBIE	
STREET ADDRESS	808 BUENA VISTA AVE	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GONZALEZ, SONIA	
STREET ADDRESS	18621 HOLDEN DR	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPRINGSTEAD, RICHARD W.	
STREET ADDRESS	33 PONCE DE LEON BLVD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FERGUSON, BERNADETTE	
STREET ADDRESS	5354 TANNER ROAD	
CITY-ST-ZIP	SPRING HILL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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4/3-26-98

14. 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 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 _____ (252) 596 7325

CR2E037 (10/97)