

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003777

FILED
Apr 10, 2006
Secretary of State

Entity Name: HEALTHCARE PURCHASING ALLIANCE, INC.

Current Principal Place of Business:

1417 S. KUHL AVENUE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

1414 KUHL AVENUE
MP 142
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-2353091 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EVANS, DAVID L
225 EAST ROBINSON STREET STE 600
ORLANDO, FL 32801 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: C () Delete
Name: HARR, STEPHAN
Address: 1414 KUHL AVENUE, MP 2
City-St-Zip: ORLANDO, FL 32806

Title: VC () Delete
Name: ELSWICK, SHANNON
Address: 1414 KUHL AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: DP () Delete
Name: DELONG, GEORGE E JR.
Address: 1414 KUHL AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: DT () Delete
Name: GOLDSTEIN, PAUL A
Address: 1414 KUHL AVENUE, MP 2
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: LONGACRE, LESLIE
Address: 1099 CITRUS TOWER BLVD.
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: SITARIK, SHERRIE L
Address: 1414 KUHL AVENUE
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: LONGACRE, LESLIE
Address: 1099 CITRUS TOWER BLVD.
City-St-Zip: CLERMONT, FL 34711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL A. GOLDSTEIN

DT

04/10/2006

Electronic Signature of Signing Officer or Director

Date