2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003777

FILED Feb 23, 2010 Secretary of State

Entity Name: HEALTHCARE PURCHASING ALLIANCE, INC.

Current Principal Place of Business: New Principal Place of Business:

1417 S. KUHL AVENUE SUITE 100 ORLANDO, FL 32806

Current Mailing Address: New Mailing Address:

 1414 KUHL AVENUE
 1414 KUHL AVENUE

 MP 142
 MP 2

 ORLANDO, FL 32806
 ORLANDO, FL 32806

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EVANS, DAVID L 225 EAST ROBINSON STREET STE 600 ORLANDO, FL 32801 US

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:

Γitle: C

Name: HARR, STEPHAN

Address: 1414 KUHL AVENUE, MP 2 City-St-Zip: ORLANDO, FL 32806

Title: VC

Name: ELSWICK, SHANNON Address: 1414 KUHL AVENUE City-St-Zip: ORLANDO, FL 32806

Title: DP

Name: SCHOOLER, RICHARD Address: 1414 KUHL AVENUE City-St-Zip: ORLANDO, FL 32806

Title: DT

Name: GOLDSTEIN, PAUL A Address: 1414 KUHL AVENUE, MP 2 City-St-Zip: ORLANDO, FL 32806

Title: DS

Name: LONGACRE, LESLIE
Address: 1099 CITRUS TOWER BLVD.
City-St-Zip: CLERMONT, FL 34711

Title: [

Name: SITARIK, SHERRIE L Address: 1414 KUHL AVENUE City-St-Zip: ORLANDO, FL 32806

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: PAUL A GOLDSTEIN DT 02/23/2010