

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003777

FILED
Feb 10, 2012
Secretary of State

Entity Name: HEALTHCARE PURCHASING ALLIANCE, INC.

Current Principal Place of Business:

1417 S. KUHL AVENUE
SUITE 100
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

1417 S. KUHL AVENUE
SUITE 100
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
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: MOORE, JOHN
Address: 1099 CITRUS TOWER BLVD.
City-St-Zip: CLERMONT, FL 34711

Title: D
Name: SWANSON, KATHY
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: STEVE HARR

C

02/10/2012

Electronic Signature of Signing Officer or Director

Date