

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**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/27/1987		3a. Date of Last Report 10/09/1995	
21		26		4. FEI Number 59-2764681		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **5th Floor**
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

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-16-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	D
NAME	BEAGLE, H. DEAN	1.2 NAME	Gonzalez, Sonia
STREET ADDRESS	24124 WESTMINSTER COURT	1.3 STREET ADDRESS	18621 Holden Drive
CITY-ST-ZIP	BROOKSVILLE FL 34601	1.4 CITY-ST-ZIP	Spring Hill, FL 34610
TITLE	D	2.1 TITLE	D
NAME	DANIEL, DEBBIE	2.2 NAME	Springstead, Richard W.
STREET ADDRESS	621 W JEFFERSON AVENUE	2.3 STREET ADDRESS	33 Ponce De Leon Blvd.
CITY-ST-ZIP	BROOKSVILLE FL 34601	2.4 CITY-ST-ZIP	Brooksville, FL 34601
TITLE	D	3.1 TITLE	D
NAME	PRITCHETT, JIM	3.2 NAME	Daniel, Debbie
STREET ADDRESS	23458 CROOM ROAD	3.3 STREET ADDRESS	808 Buena Vista Ave.
CITY-ST-ZIP	BROOKSVILLE FL 34601	3.4 CITY-ST-ZIP	Brooksville, FL 34601
TITLE		4.1 TITLE	D
NAME		4.2 NAME	Ferguson, Bernadette
STREET ADDRESS		4.3 STREET ADDRESS	5354 Tanner Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Spring Hill, FL 34609
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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** **1-24-96** **799-6370**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)