FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:21

DOCUMENT # N45913 (3)

1. Corporation Name

FLORIDA HEALTHCARE PURCHASING COOPERATIVE, INC.

Principal Place of Business	Mailing Address
345 S. MAGNOLIA DRIVE SUITE A-26 TALLAHASSEE FL 32301	345 S. MAGNOLIA DRIVE SUITE A-26 TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/06/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3091264 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes [X] No

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

9. Name and Address of Current Registered Agent

LINDA H. PATTERSON
345 S. MAGNOLIA DRIVE
SUITE A-26
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	BARBARA TOMEK	12 NAME		
STREET ADDRESS	3841 REID STREET	13 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL	14 CITY-ST-ZIP		
TITLE	VCD	21 TITLE		☐ Change ☐ Addition
NAME	DR. GARY DOPSON	22 NAME		
STREET ADDRESS	32 SOUTH 5TH STREET	23 STREET ADDRESS		
CITY-ST-ZIP	MACCLENNY FL	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE	TD	[X] Change ☐ Addition
NAME	RICK LUTZ	32 NAME	Richard T. Lutz	
STREET ADDRESS	2727 MAHAN DRIVE, FT. KNOX, BLDG. 1	33 STREET ADDRESS	2727 Mahan Dr, Bldg2, Room 117	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	Tallahassee,FL	
TITLE	O	41 TITLE	D	[X] Change ☐ Addition
NAME	AMBROSE, JACK	42 NAME	Jack Ambrose	
STREET ADDRESS	720 ZACK STREET	43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	CAROLYN GRAHAM	52 NAME		
STREET ADDRESS	115 S. ANDREWS AVENUE SUITE 432	53 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	CHARLES MATHEWS	62 NAME		
STREET ADDRESS	2601 BLAIRSTONE ROAD	63 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	64 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)(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: Linda H. Patterson Linda H. Patterson 2/17/95 904-656-3655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020008

ADDITION

Doug Cook
325 John Knox Road, 301 Atrium
Tallahassee, FL