

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

FILED

Feb 08 1996 8:00 am

Secretary of State

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**



3. Date Incorporated or Qualified
11/06/1991

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 **2225 State Road 3**

26 **2225 State Road 3**

4. FEI Number

59-3091264

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **Suite B-2**

Suite, Apt. #, etc.

27 **Suite B-2**

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 **St. Augustine, Florida**

City & State

28 **St. Augustine, Florida**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24 **32084**

Country

25 **U.S.A.**

Zip

29 **32084**

Country

30 **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Linda Patterson

82 Street Address (P.O. Box Number is Not Acceptable)

2225 State Road 3

83

Suite B-2

84 City

St. Augustine

FL

85 Zip Code

32084

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE **CD** ☐ DELETE
NAME **BARBARA TOMEK**
STREET ADDRESS **3841 REID STREET**
CITY-ST-ZIP **PALATKA FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **ZIP 32177**

TITLE **VCD** ☐ DELETE
NAME **DR. GARY DOPSON**
STREET ADDRESS **32 SOUTH 5TH STREET**
CITY-ST-ZIP **MACCLENNY FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **ZIP 32063**

TITLE **TD** ☐ DELETE
NAME **LUTZ, RICHARD T**
STREET ADDRESS **2727 MAHAN DR., BLDG 3, ROOM 117**
CITY-ST-ZIP **TALLAHASSEE FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **ZIP 32308**

TITLE **D** ☐ DELETE
NAME **AMBROSE, JACK**
STREET ADDRESS **720 ZACK STREET**
CITY-ST-ZIP **TAMPA FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **ZIP 33502**

TITLE **D** ☒ DELETE
NAME **CAROLYN GRAHAM**
STREET ADDRESS **115 S. ANDREWS AVENUE SUITE 432**
CITY-ST-ZIP **FT. LAUDERDALE FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **Michael Matthews**
5.4 CITY-ST-ZIP **108 N. Jefferson Street
Perry, Florida 32347**

TITLE **D** ☐ DELETE
NAME **CHARLES MATHEWS**
STREET ADDRESS **2601 BLAIRSTONE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **ZIP 32399-2500**

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:

Linda H. Patterson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda H. Patterson

1-29-96

Date

904-471-2400

Daytime Phone #

CR2E037 (12/95)