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Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45913** (3)

1. Corporation Name

FLORIDA HEALTHCARE PURCHASING COOPERATIVE, INC.



Principal Place of Business 2225 STATE ROAD 3 SUITE B2 ST. AUGUSTINE FL 32084 US	Mailing Address 2225 STATE ROAD 3 SUITE B2 ST. AUGUSTINE FL 32084 US
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3. Date Incorporated or Qualified

11/06/1991

4. FEI Number

59-3091264

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

Trust Fund Contribution

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATTERSON, LINDA
2225 STATE ROAD 3
SUITE B2
ST. AUGUSTINE FL 32084**

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 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 *Linda S. Patterson, Executive Director*

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

(NOTE: Registered Agent signature required when restating)

DATE

1-09-98

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BARBARA TOMEK	
STREET ADDRESS	3841 REID STREET	
CITY-ST-ZIP	PALATKA FL 32177	

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	DR. GARY DOPSON	
STREET ADDRESS	32 SOUTH 5TH STREET	
CITY-ST-ZIP	MACLENNY FL 32063	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LUTZ, RICHARD T	
STREET ADDRESS	2727 MAHAN DR., BLDG 3, ROOM 117	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	D	<input type="checkbox"/> DELETE
NAME	COOK, DOUG	
STREET ADDRESS	2727 MAHAN DRIVE, BLDG 3, RM 117	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHARLES MATHEWS	
STREET ADDRESS	2601 BLAIRSTONE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32399-2500	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Gary Hakanson
1.3 STREET ADDRESS	2600 Hollywood Blvd.
1.4 CITY-ST-ZIP	Hollywood, FL 33022-9045

2.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Sigrid Lund
3.3 STREET ADDRESS	400 South Fort Harrison Ave., Fourth Floor
3.4 CITY-ST-ZIP	Clearwater, FL 34616-5113

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D G. Thomas Delaino, Ph. D.
4.3 STREET ADDRESS	1000 College Boulevard
4.4 CITY-ST-ZIP	Pensacola, FL 32504-8998

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Sue Whittle
6.3 STREET ADDRESS	315 West Main Street
6.4 CITY-ST-ZIP	Tavares, FL 32778-7800

14. I hereby certify that the information supplied with this filing 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 S. Patterson, Executive Director* **1-09-98 904-471-2400**

CR2E037 (10/97)