

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90089 008 ****70.00

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DOCUMENT # N45913

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



2. Principal Place of Business

21 2225 A1A South

Suite, Apt. #, etc.

22 Suite B-2A

City & State

23 St. Augustine, FL

Zip

24 32084

Country

25 USA

2a. Mailing Address

26 2225 A1A South

Suite, Apt. #, etc.

27 Suite B-2A

City & State

28 St. Augustine, FL

Zip

29 32084

Country

30 USA

3. Date Incorporated or Qualified

11/06/1991

4. FEI Number

59-3091264

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current 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)

2225 A1A South

83

Suite B-2A

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

TITLE D ☒ DELETE

NAME HAKANSON, GARY

STREET ADDRESS 2600 HOLLYWOOD BLVD

CITY-ST-ZIP HOLLYWOOD FL 33022

TITLE CD ☐ DELETE

NAME DR. GARY DOPSON

STREET ADDRESS 32 SOUTH 5TH STREET

CITY-ST-ZIP MACLENNY FL 32063

TITLE TD ☐ DELETE

NAME LUTZ, RICHARD T

STREET ADDRESS 2727 MAHAN DR., BLDG 3, ROOM 117

CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☒ DELETE

NAME COOK, DOUG

STREET ADDRESS 2727 MAHAN DRIVE, BLDG 3, RM 117

CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☒ DELETE

NAME CHARLES MATHEWS

STREET ADDRESS 2601 BLAIRSTONE ROAD

CITY-ST-ZIP TALLAHASSEE FL 32399-2500

TITLE D ☐ DELETE

NAME LUND, SIGRID

STREET ADDRESS 400 S FORT HARRISON AVE, FOURTH FLOOR

CITY-ST-ZIP CLEARWATER FL 34616

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

☐ Change ☒ Addition

1.2 NAME

David L. Thomas

1.3 STREET ADDRESS

2601 Blairstone Road

1.4 CITY-ST-ZIP

Tallahassee, FL 32399-2500

2.1 TITLE

D

☐ Change ☒ Addition

2.2 NAME

G. Thomas Delaino

2.3 STREET ADDRESS

1000 College Blvd.

2.4 CITY-ST-ZIP

Pensacola, FL 32504-8998

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/06/99

904-471-2400

CR2E037 (11/98)