

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 04, 2001 08:00 AM****Secretary of State****DOCUMENT # N45913**

1. Entity Name

FLORIDA HEALTHCARE PURCHASING COOPERATIVE, INC.

Principal Place of Business

Mailing Address

2225 A1A SOUTH

2225 A1A SO

STE B-2A

STE B-2A

ST. AUGUSTINE

FL

ST. AUGUSTINE

FL

32084

US

32084

US

2. Principal Place of Business

2225 A1A SOUTH

3. Mailing Address

2225 A1A SO

Suite, Apt. #, etc.

STE B-2A

Suite, Apt. #, etc.

STE B-2A

City & State

ST. AUGUSTINE

FL

City & State

ST. AUGUSTINE

FL

Zip

32080

Country

US

Zip

32080

Country

US

4. FEI Number

59-3091264

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PATTERSON LINDA

2225 A1A SO

STE B-2A

ST. AUGUSTINE

FL

32084

7. Name and Address of New Registered Agent

Name

PATTERSON LINDA H

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

2225 A1A SO

STE B-2A

City

ST. AUGUSTINE

FLZip Code
32080

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **LINDA H. PATTERSON****01/04/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:**FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	CRAYTON GARY	
STREET ADDRESS	2727 MAHAN DR BLDG 3, RM 2423A	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITTLE SUE	
STREET ADDRESS	P O BOX 7800	
CITY-ST-ZIP	TAVARES FL 327787800	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELAINO G THOMAS	
STREET ADDRESS	1000 COLLEGE BLVD	
CITY-ST-ZIP	PENSACOLA FL 325048998	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING-SHAW RUBEN JR	
STREET ADDRESS	2727 MAHAN DR BLDG 3, RM 3116	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	CD	<input type="checkbox"/> Delete
NAME	DR. GARY DOPSON	
STREET ADDRESS	32 SOUTH 5TH STREET	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS DAVID L	
STREET ADDRESS	2601 BLAIRSTONE RD	
CITY-ST-ZIP	TALLAHASSEE FL 323992500	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARPE BOB	
STREET ADDRESS	2727 MAHAN DR BLDG 3, RM 2423A	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda H. Patterson

Exec

01/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)