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

APPROVED AND FILED

95 MAR -2 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004527 (8)

1. Corporation Name

DISTRICT 1 COMMUNITY HEALTH PURCHASING ALLIANCE, INC.

Principal Place of Business	Mailing Address
7202 PLANTATION RD. STE. 205 PENSACOLA FL 32504 US	7202 PLANTATION RD. STE. 205 PENSACOLA FL 32504 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1993
3a. Date of Last Report: 06/24/1994
4. FEI Number: 59-3212897 — Applied For ☐ Not Applicable ☐

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

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 ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEWIS, HAROLD D
AGENCY FOR HEALTH CARE ADMINISTRATION
325 JOHN KNOX RD., SUITE 301, THE ATRIUM
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: Maxwell Bruner
82 Street Address (P.O. Box Number is Not Acceptable): 160 NE Walker Drive
83:
84 City: Mary Esther — FL — 85 Zip Code: 32569

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: Maxwell Bruner — Maxwell Bruner, Chairman — 2/6/95
Signature (and 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 12	
TITLE	VC	1.1 TITLE	T ☐ Change ☒ Addition
NAME	BARNETT, JAMES O	1.2 NAME	GOLDENBERG, SAM
STREET ADDRESS	P. O. BOX 12710 N/A	1.3 STREET ADDRESS	P.O. Box 12158 N/A
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola, FL. 32501
TITLE	C	2.1 TITLE	D ☐ Change ☒ Addition
NAME	BRUNER, MAXWELL J	2.2 NAME	HALL, WILLIAM T.
STREET ADDRESS	P. O. BOX 1845 N/A	2.3 STREET ADDRESS	P.O. Box 98 N/A
CITY-ST-ZIP	DESTIN FL	2.4 CITY-ST-ZIP	Niceville, FL. 32588
TITLE	D	3.1 TITLE	D ☐ Change ☒ Addition
NAME	CARTER, THOMAS B	3.2 NAME	HAMILTON, MURRAY
STREET ADDRESS	4440 BAYOU BLVD.	3.3 STREET ADDRESS	4244 Burbank Drive
CITY-ST-ZIP	PENSACOLA FL 32505	3.4 CITY-ST-ZIP	Milton, FL. 32583
TITLE	D	4.1 TITLE	D ☐ Change ☒ Addition
NAME	CIANO, NATALIE S	4.2 NAME	HEWATT, IRA MAE
STREET ADDRESS	4830 MANOIETE DR	4.3 STREET ADDRESS	8512 Navarre Parkway
CITY-ST-ZIP	PENSACOLA FL 32504	4.4 CITY-ST-ZIP	Navarre, FL. 32566-690
TITLE	S	5.1 TITLE	D ☐ Change ☒ Addition
NAME	COOK, JEANETTE I	5.2 NAME	MABIE, LEFFERTS L. III
STREET ADDRESS	7638 N. HWY. 189	5.3 STREET ADDRESS	226 S. Palafox St.
CITY-ST-ZIP	BAKER FL	5.4 CITY-ST-ZIP	Pensacola, FL. 32501
TITLE	D	6.1 TITLE	D ☐ Change ☒ Addition
NAME	GENTRY, CECILIA S	6.2 NAME	MANN, DAVID T.
STREET ADDRESS	8233 LI FAIR DR	6.3 STREET ADDRESS	P.O. Box 1191 N/A
CITY-ST-ZIP	PENSACOLA FL 32506	6.4 CITY-ST-ZIP	Pensacola, FL. 32595

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: Sam Goldenberg — Sam Goldenberg, Treasurer — 2/6/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Daytime Phone #

904/477-7666

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