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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N93000004527**

1. Corporation Name
DISTRICT 1 COMMUNITY HEALTH PURCHASING ALLIANCE, INC.

Principal Place of Business	Mailing Address
7282 PLANTATION RD. STE. 205 PENSACOLA FL 32504 US	7282 PLANTATION RD. STE. 205 PENSACOLA FL 32504 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 345 South Magnolia Drive Suite, Apt. #, etc.	26 345 South Magnolia Drive Suite, Apt. #, etc.	10/05/1993
22 Suite E-22	27 Suite E-22	4. FEI Number 59-3212897 ☐ Applied For ☐ Not Applicable
City & State 23 Tallahassee, FL	City & State 28 Tallahassee, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32301 25 US	Zip / Country 29 32301 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TROCKI, DEBORAH
7282 PLANTATION RD.
STE. 205
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name MURRAY McLAUGHLIN
82 Street Address (P.O. Box Number is Not Acceptable) 345 South Magnolia Dr. E-22
83
84 City TALLAHASSEE FL 85 Zip Code 32301

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 Murray McLaughlin — Murray McLaughlin — 4-8-99
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 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC BRUNER, JOE 1007 HWY. 98E DESTIN FL 32569	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Chair William T. Hall, Jr. 145 Parkwood Drive Niceville, FL 32578	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONNER, DOYLE 385 N. MULBERRY ST. MONTICELLO FL 32344	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Secretary Cecilia Gentry 8233 Li Fair Drive Pensacola, FL 32506	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COOK, JEANETTE 7638 N. HWY. 189 BAKER FL 32531	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUKES, JOHN III 2259 N.W. 16TH AVE. GAINESVILLE FL 32605	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'DELL, KATHIE 1804 LEWIS TURNER BLVD. STE. 100 FT. WALTON BCH. FL 32547	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, WILLIAM V 6370 MULDOON RD. PENSACOLA FL 32526	☐ DELETE	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] — 3-30-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William T. Hall

CR2E037 (11/98)