# 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

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DIVISION OF CORPORATIONS
95 APR 14 AM 9:45

**DOCUMENT # N93000004530 (2)**

1. Corporation Name

**DISTRICT 3 COMMUNITY HEALTH PURCHASING ALLIANCE, INC.**

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| C/O HAROLD D. LEWIS<br>325 JOHN KNOX RD., SUITE 301, THE ATRIUM<br>TALLAHASSEE FL 32303 | C/O HAROLD D. LEWIS<br>325 JOHN KNOX RD., SUITE 301, THE ATRIUM<br>TALLAHASSEE FL 32303 |

3. Date Incorporated or Qualified: 10/05/1993
3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-3214574 (Applied For / Not Applicable)

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 7328 W. University Ave | 26 P O Box 1222 |
| 22 Suite, Apt. #, etc. H | 27 Suite, Apt. #, etc. |
| 23 City & State Gainesville | 28 City & State Gainesville FL |
| 24 Zip 32607 / 25 Country Alachua | 29 Zip 32602 / 30 Country Alachua |

5. Certificate of Status Desired: X — **$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: X — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes X No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ~~SULLIVAN, JIM~~<br>~~300 EAST UNIVERSITY AVE.~~<br>~~GAINESVILLE FL 32601~~ | 91 Name: Constance Keeton<br>92 Street Address (P.O. Box Number is Not Acceptable): 7328 W. University Ave<br>93: Suite H<br>94 City: Gainesville FL 95 Zip Code: 32607 |

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 Constance S. Keeton Constance S Keeton 4-10-95
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 | CD | 1.1 TITLE | CD (Chairman) ☑ Change ☐ Addition |
| NAME | AUSTIN, KEITH C | 1.2 NAME | CHRIS BEECHLER |
| STREET ADDRESS | 633 NW 6TH AVE | 1.3 STREET ADDRESS | 350 NW 39th Ave |
| CITY-ST-ZIP | GAINESVILLE FL 32601 | 1.4 CITY-ST-ZIP | GAINESVILLE, FL 32609 |
| TITLE | D | 2.1 TITLE | S ☑ Change ☐ Addition |
| NAME | BEECHLER, CHRISTOPHER D | 2.2 NAME | ED BECKER |
| STREET ADDRESS | 350 NW 39TH AVE | 2.3 STREET ADDRESS | 1910 REID STREET |
| CITY-ST-ZIP | GAINESVILLE FL 32609 | 2.4 CITY-ST-ZIP | PALATKA, FL 32178 |
| TITLE | D | 3.1 TITLE | ☑ Change ☐ Addition |
| NAME | BJORN, JUDY S | 3.2 NAME | John Dukes III |
| STREET ADDRESS | 1210 LASALIDA WAY | 3.3 STREET ADDRESS | 2259 NW 16th Ave |
| CITY-ST-ZIP | LEESBURG FL 34748 | 3.4 CITY-ST-ZIP | Gainesville, FL 32605 |
| TITLE | D | 4.1 TITLE | VD (Vice-Chairman) ☑ Change ☐ Addition |
| NAME | BOLES, JUDY E | 4.2 NAME | Raymond A. Logan |
| STREET ADDRESS | P.O. BOX 1750 N/A | 4.3 STREET ADDRESS | Rt 13 Box 749 (U.S. 90) |
| CITY-ST-ZIP | GAINESVILLE FL 31602 | 4.4 CITY-ST-ZIP | Lake City, FL 32055 |
| TITLE | D | 5.1 TITLE | D ☑ Change ☐ Addition |
| NAME | CHAPPELLE, MARGARET | 5.2 NAME | Samual A. Williamson |
| STREET ADDRESS | 750 SW MARTIN LUTHER KING JR. BLVD. | 5.3 STREET ADDRESS | 2511 NW 41st Street |
| CITY-ST-ZIP | OCALA FL 34474 | 5.4 CITY-ST-ZIP | Gainesville, FL 32602-1112 |
| TITLE | D | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | CRIPPEN, JEFF P | 6.2 NAME | |
| STREET ADDRESS | 40 SE 11TH AVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL 34471 | 6.4 CITY-ST-ZIP | |

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)(k), 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: Constance Keeton 4-10-95 904-331-2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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