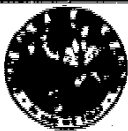


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:45

DOCUMENT # N93000004530 (2)

1. Corporation Name

DISTRICT 3 COMMUNITY HEALTH PURCHASING ALLIANCE, INC.

Principal Place of Business

Mailing Address

C/O HAROLD D. LEWIS
325 JOHN KNOX RD., SUITE 301, THE ATRIUM
TALLAHASSEE FL 32303

C/O HAROLD D. LEWIS
325 JOHN KNOX RD., SUITE 301, THE ATRIUM
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 H

27

City & State

City & State

23 Gainesville

28 Gainesville FL

Zip

Country

Zip

Country

24 32607

25 Alachua

29 32602

30 Alachua

9. Name and Address of Current Registered Agent

SULLIVAN, JIM
300 EAST UNIVERSITY AVE.
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name Constance Keeton
82 Street Address (P.O. Box Number is Not Acceptable) 7328 W. University Ave
83 Suite H
84 City Gainesville FL
85 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

TITLE	CD
NAME	AUSTIN, KEITH C
STREET ADDRESS	633 NW 8TH AVE
CITY - ST - ZIP	GAINESVILLE FL 32601
TITLE	D
NAME	BEECHLER, CHRISTOPHER D
STREET ADDRESS	350 NW 39TH AVE
CITY - ST - ZIP	GAINESVILLE FL 32609
TITLE	D
NAME	BJORN, JUDY S
STREET ADDRESS	1210 LASALIDA WAY
CITY - ST - ZIP	LEESBURG FL 34748
TITLE	D
NAME	BOLES, JUDY E
STREET ADDRESS	P.O. BOX 1750 N/A
CITY - ST - ZIP	GAINESVILLE FL 31602
TITLE	D
NAME	CHAPPELLE, MARGARET
STREET ADDRESS	750 SW MARTIN LUTHER KING JR. BLVD.
CITY - ST - ZIP	OCALA FL 34474
TITLE	D
NAME	CRIPPEN, JEFF P
STREET ADDRESS	40 SE 11TH AVE
CITY - ST - ZIP	OCALA FL 34471

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD (Chairman)	☒ Change ☐ Addition
1.2 NAME	CHRIS BEECHLER	
1.3 STREET ADDRESS	350 NW 39TH AVE	
1.4 CITY - ST - ZIP	GAINESVILLE, FL 32609	
2.1 TITLE	S	☒ Change ☐ Addition
2.2 NAME	ED BECKLER	
2.3 STREET ADDRESS	1410 REID STREET	
2.4 CITY - ST - ZIP	PALESTINE, FL 32178	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME	John Dukes III	
3.3 STREET ADDRESS	2259 NW 16th Ave	
3.4 CITY - ST - ZIP	Gainesville, FL 32605	
4.1 TITLE	VD (Vice-Chairman)	☒ Change ☐ Addition
4.2 NAME	Raymond A. Logan	
4.3 STREET ADDRESS	Rt 13 Box 749 (U.S. Rd)	
4.4 CITY - ST - ZIP	Lake City, FL 32005	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	Samuel A. Williamson	
5.3 STREET ADDRESS	2511 NW 41st Street	
5.4 CITY - ST - ZIP	Gainesville, FL 32602-1112	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(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 S. Keeton 4-10-95 904-331-2888
Signature and typed or printed name of signing officer or director Date (Signature Filing)