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 FEB 16 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N93000004531 (0)

1. Corporation Name
DISTRICT 4 COMMUNITY HEALTH PURCHASING ALLIANCE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1200 W. INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32120	% EDGAR M. DUNN JR. ESQ. P.O. BOX 2011 DAYTONA BEACH FL 32120

3. Date Incorporated or Qualified: 10/05/1993
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-3206066 ☐ Applied For ☐ Not Applicable
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

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

9. Name and Address of Current Registered Agent

DUNN, EDGAR M. JR.
347 SO. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RA	1.1 TITLE	☐ Change ☐ Addition
NAME	DUNN JR., EDGAR M.	1.2 NAME	
STREET ADDRESS	347 SO. RIDGEWOOD AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	ED	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHNEIDER, WILLIAM	2.2 NAME	
STREET ADDRESS	1200 INTERNATIONAL SPEEDWAY AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BRATTLOF, HERBERT C	3.2 NAME	
STREET ADDRESS	5 FLORIDA PARK DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32135-1429	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, DOUGLAS	4.2 NAME	
STREET ADDRESS	6720 E RHODE ISLAND DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CHERRY, QUEEN E	5.2 NAME	
STREET ADDRESS	417 S GOODWIN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN FL 32744	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	COLLIER, JACK	6.2 NAME	
STREET ADDRESS	50 N LAURA ST., S-2000	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	6.4 CITY-ST-ZIP	

2/16/95 MB

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 changed, or on an attachment with an address.

SIGNATURE: Edgar M. Dunn Jr. 1/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

607A37