FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

N93000004532 (8)

DISTRICT 5 COMMUNITY HEALTH PURCHASING ALLIANCE.

INC. Principal Place of Business Mailing Address PAMELA J LEAGUE, ED PAMELA J LEAGUE. ED 2240 BELLEAIR RD #180 2240 BELLEAIR RD #180 **CLEARWATER FL 34624** CLEARWATER FL 34624-2768 3. Date Incorporated or Qualified 3a. Date of Last Report 10/05/1993 02/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3216600 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LEWIS, HAROLD D 82 Street Address (P.O. Box Number is Not Acceptable) AGENCY FOR HEALTH CARE ADMINISTRATION 83 325 JOHN KNOX RD., SUITE 301, THE ATRIUM TALLAHASSEE FL 32303 84 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Rog stered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE ST 1.1 TITLE NAMÉ REES, JOAN 1.2 NAME 5242 MAIN ST STREET ADDRESS 13 STREET ADDRESS **NEW PORT RICHEY FL** 1.4 CITY-ST-7IP CITY-ST-ZIP DELETE X Change Addition TITLE 2.1 TITLE MD GIBLIN, CHRIS H NAME 2.2 NAME 925 31ST TERRACE NE 2.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change X Addition TITLE 3.1 TITLE BROWN, LOUIS D NAME 3.2 NAME Jane Thuerk, Tech Data 3767 30TH AVE, SO. STREET ADDRESS **3.3 STREET ADDRESS** 5350 Tech Data Drive Clearwater, FL 34620 ST. PETERSBURG FL 33711 CITY-ST-ZIP 3.4. CITY-ST- 7(P Change X Addition DELETE TITLE 4.1 TITLE NAME PARKS, SALLIE 4. 2 NAME Wally Savage, West Pasco Chamber 315 COURT STREET STREET ADDRESS 4.3 STREET ADDRESS 5443 Main St. CLEARWATER FL New Port Richey, FL 34652 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE Kenneth J. Swann FOLEY, MICHAEL T NAME 5.2 NAME 7623 Little Rd., Suite 100B P O BOX 1345 STREET ADDRESS 5.3 STREET ADDRESS LARGO FL CITY-ST-ZIP 5.4 CITY - S1 - ZIP New Port Richey, FL DELFTE Addition TITLE CD 6.1 TITLE CRANE, DONALD J NAME 6.2 NAME

14. I do 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.

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

Hen Oa DAZIL

4020-12TH ST NO.

ST. PETERSBURG FL

STREET ADDRESS

CITY-ST-ZIP

1-22-97 412-535-0000

FILED

Jan 30 1997 8:00am

Secretary of State