

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N93000004532 (8)</b> 1. Corporation Name <b>DISTRICT 5 COMMUNITY HEALTH PURCHASING ALLIANCE, INC.</b>			
Principal Place of Business <b>PAMELA J LEAGUE, ED 2240 BELLEAIR RD #180 CLEARWATER FL 34624 US</b>		Mailing Address <b>PAMELA J LEAGUE, ED 2240 BELLEAIR RD #180 CLEARWATER FL 34624-2768 US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified <b>10/05/1993</b>		3a. Date of Last Report <b>02/07/1996</b>	
4. FEI Number <b>59-3216600</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>LEWIS, HAROLD D AGENCY FOR HEALTH CARE ADMINISTRATION 325 JOHN KNOX RD., SUITE 301, THE ATRIUM TALLAHASSEE FL 32303</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	ST	<input type="checkbox"/> DELETE	
NAME	REES, JOAN		
STREET ADDRESS	5242 MAIN ST		
CITY-ST-ZIP	NEW PORT RICHEY FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	GIBLIN, CHRIS H		
STREET ADDRESS	925 31ST TERRACE NE		
CITY-ST-ZIP	ST PETERSBURG FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	BROWN, LOUIS D		
STREET ADDRESS	3767 30TH AVE, SO.		
CITY-ST-ZIP	ST. PETERSBURG FL 33711		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	PARKS, SALLIE		
STREET ADDRESS	315 COURT STREET		
CITY-ST-ZIP	CLEARWATER FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	FOLEY, MICHAEL T		
STREET ADDRESS	P O BOX 1345		
CITY-ST-ZIP	LARGO FL		
TITLE	CD	<input type="checkbox"/> DELETE	
NAME	CRANE, DONALD J		
STREET ADDRESS	4020-12TH ST NO.		
CITY-ST-ZIP	ST. PETERSBURG FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME	MD		
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
3.2 NAME	Jane Thuerk, Tech Data		
3.3 STREET ADDRESS	5350 Tech Data Drive		
3.4 CITY-ST-ZIP	Clearwater, FL 34620		
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
4.2 NAME	Wally Savage, West Pasco Chamber		
4.3 STREET ADDRESS	5443 Main St.		
4.4 CITY-ST-ZIP	New Port Richey, FL 34652		
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
5.2 NAME	Kenneth J. Swann		
5.3 STREET ADDRESS	7623 Little Rd., Suite 100B		
5.4 CITY-ST-ZIP	New Port Richey, FL 34654		
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME	D		
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

SIGNATURE: *Pamela J League*

1-22-97 813-535-0000

CR2E037 (9/96)