

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004533 (6)

1. Corporation Name

DISTRICT 6 COMMUNITY HEALTH PURCHASING ALLIANCE,
INC.

Principal Place of Business

710 OAKFIELD DR
SUITE 224
BRANDON FL 33511
US

Mailing Address

710 OAKFIELD DR
SUITE 224
BRANDON FL 33511
US



3. Date Incorporated or Qualified
10/05/1993

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LACKMAN, GEORGE E
FIRST UNION BANK
100 S ASHLEY DRIVE, SUITE 1000
TAMPA FL 33602

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 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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/T ☐ DELETE

1.1 TITLE D ☐ Change ☐ Addition

NAME BARBEN, ROBERT J
STREET ADDRESS P.O. BOX 1056 N/A
CITY-ST-ZIP AVON PARK FL 33825

1.2 NAME McKown, Bobby F.
1.3 STREET ADDRESS 302 S. Mass. Ave.
1.4 CITY-ST-ZIP Lakeland, FL 33802

TITLE D ☐ DELETE

2.1 TITLE D ☐ Change ☐ Addition

NAME BENNETT, MICHAEL S
STREET ADDRESS 7011-301 BLVD.
CITY-ST-ZIP SARASOTA FL 34243

2.2 NAME Mickler, Malcolm P.
2.3 STREET ADDRESS PO Box 441 N/A
2.4 CITY-ST-ZIP Tampa, FL 33601-0441

TITLE D ☐ DELETE

3.1 TITLE D ☐ Change ☐ Addition

NAME BLACK, RONALD J
STREET ADDRESS 1063 NORMANDY TRACE RD
CITY-ST-ZIP TAMPA FL 33602

3.2 NAME Sahlman, Charles W.
3.3 STREET ADDRESS 1601 Sahlman Dr.
3.4 CITY-ST-ZIP Tampa, FL 33605

TITLE D ☐ DELETE

4.1 TITLE D ☐ Change ☐ Addition

NAME CREWS, JERALDINE F
STREET ADDRESS P.O. BOX 248 N/A
CITY-ST-ZIP WAUCHULA FL 33873

4.2 NAME Satchel, Frank R.
4.3 STREET ADDRESS 806 Southeast 3rd St.
4.4 CITY-ST-ZIP Mulberry, FL 33860

TITLE D ☐ DELETE

5.1 TITLE D ☐ Change ☐ Addition

NAME FISHER, HERBERT R
STREET ADDRESS 3801 W KENNEDY BLVD., S-F
CITY-ST-ZIP TAMPA FL 33609

5.2 NAME Stewart, Frank S.
5.3 STREET ADDRESS 3560 North 29th St.
5.4 CITY-ST-ZIP Tampa, FL 33605

TITLE ☐ DELETE

6.1 TITLE D/S ☐ Change ☐ Addition

NAME Haugabook, Earl
STREET ADDRESS 1407 Shell Flower Dr.
CITY-ST-ZIP Brandon, FL 33511

6.2 NAME Tillis, Mary L.
6.3 STREET ADDRESS 3101 9th Ave., Dr. East
6.4 CITY-ST-ZIP Palmetto, FL 34221

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Lackman 3/7/96

BD CHAIR

Daytime Phone #

855-525-91

CR2E037 (12/95)