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FILED

Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N93000004533 (6)**

1. Corporation Name

**DISTRICT 6 COMMUNITY HEALTH PURCHASING ALLIANCE,
INC.**

Principal Place of Business

Mailing Address

**710 OAKFIELD DR
SUITE 224
BRANDON FL 33511
US****710 OAKFIELD DR
SUITE 224
BRANDON FL 33511-4954
US**

3. Date Incorporated or Qualified

10/05/1993

3a. Date of Last Report

05/25/1996

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**

4. FEI Number

59-3220303

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**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

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** ☐ DELETENAME **BARBEN, ROBERT J**STREET ADDRESS **P.O. BOX 1056 N/A**CITY-ST-ZIP **AVON PARK FL 33825**TITLE **D** ☒ DELETENAME **BENNETT, MICHAEL S**STREET ADDRESS **7011-301 BLVD.**CITY-ST-ZIP **SARASOTA FL 34243**TITLE **D** ☐ DELETENAME **BLACK, RONALD J**STREET ADDRESS **1063 NORMANDY TRACE RD**CITY-ST-ZIP **TAMPA FL 33602**TITLE **D** ☒ DELETENAME **CREWS, JERALDINE F**STREET ADDRESS **P.O. BOX 248 N/A**CITY-ST-ZIP **WAUCHULA FL 33873**TITLE **D** ☒ DELETENAME **FISHER, HERBERT R**STREET ADDRESS **3601 W KENNEDY BLVD., S-F**CITY-ST-ZIP **TAMPA FL 33609**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D**EARL HAUGABOOK****1407 Shell Flower Drive****Brandon, FL 33511****D****SAHLMAN, CHARLES****1601 Sahlman Drive****Tampa, FL 33605****D****C****George Lackman****First Union Bank 100 S. Ashley Dr.****Tampa, FL 33602**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/97 **813**
276-6497

CR2E037 (9/96)