NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **N93000004533**

DISTRICT 6 COMMUNITY HEALTH PURCHASING ALLIANCE,

Principal Place of Business	Mailing Address
710 OAKFIELD DR SUITE 224 BRANDON FL 33511 US	710 OAKFIELD DR SUITE 224 Brandon FL 33511 US



02-25-1999 90090 035 ****70.00

INC.										
Principal Place of Business Mailing Address										
710 OAKFIELD	DR	710 OAK	FIELD DR							
SUITE 224		SUITE 22								
BRANDON FL	33511		N FL 33511				i 1881/101 Ata (8100 Hurs Dath Dath A	B	IDI AIIDA (2)	00 IIII 108I
US		US					\ .			
2 Bringing F	Place of Business	2a Maili	ng Address				Date Incorporated or Qualifed			
─ ₁ '	race of business	\vdash	ng Address				10/05/1993			1
21 Suite, Apt.	# etc	26 Suite	e, Apt. #, etc.				4. FEI Number		App	lied For
22	, n, o.o.	27					59-3220303		Not	Applicable
City & Stat	te -		& State				5 Codificate of Status Designed	\$	8.75 A	dditional
23		28					5. Certifcate of Status Desired	,AI	Fee Rec	uired
Zip	Country	Zip		Cou	ntry		6. Election Campaign Financing	п (55.00 N	fay Be
24	25	29		30			Trust Fund Contribution		Added to	Fees
	 Name and Address of Current 	nt Registered	Agent				10. Name and Address of New Re	gistered Age	nt	
					81	Name				
LACKMAN	N. GEORGE E				82	Street	ddress (P.O. Box Number is Not Acceptab	ile)		
FIRST UN	IION BANK									. <u> </u>
	HLEY DRIVE, SUITE 1000				83					
TAMPA FI					84	City		8	5 Zip C	ode
					ļļ	•		<u> </u>		
11. Pursuant	to the provisions of Sections 617.050	2 and 617.150	08, Florida Statute	s, the a	bove	-named	orporation submits this statement for the pation's board of directors. I hereby accept	urpose of char	nging its r int as req	egistered -
agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	ations of, Secti	on 617.0503, Flo	ida Stati	ites.	ine corp	audit a board of directors. Thereby decept	по прроини		
SIGNATURE										
	Signature, typed or printed name of registered age				Agen	t signature i	ulred when reinstating) ADDITIONS/CHANGES TO OFF	DATE .	PECTO	2S IN 12
12.	OFFICERS AI	ND DIRECTOR		13.			ADDITIONS/CHANGES TO OFF		Change	Addition
TITLE	D		☐ DELETÉ	1.1 10			Ebbert, Eric R.	ш	Change	- Addition
NAME	BARBEN, ROBERT J			1.2 N/			1035 Royal Pass			
STREET ADDRESS	1			1		ADDRESS	10.32 Koyul 1.422			ŀ
CITY-ST-ZIP	AVON PARK FL 33825		☐ DELETE	~-	TY-ST	-ZIP	Tampa, FL. 33602		Change	Addition
TITLE	D		□ DELETE	2.1 TT			es a servert Q.	u	Ondingo	, wasself
NAME	SAHLMAN, CHARLES			2.2 N			Fisher, Herbert R. 3601 W. Hennedy Blu	d. STE. 1	F	
STREET ADDRESS						ADDRESS	5-0 W. Well 221-0			
CITY-ST-ZIP	TAMPA FL		DELETE	2.4C		r-ZIP	Tampa, FL. 33609		Change	Addition
TITLE	D		DELETE	3.1 ∏			Harran bank, Fact		Onlingo	Z da kaakuu i
NAME	BLACK, RONALD J	= -		3.2 N/	_		Haugabook, Earl 1407 Shell Plower V	٠		
STREET ADDRESS	***************************************					ADDRESS				
CITY-ST-ZIP	TAMPA FL 33602		☐ DELETE	_	ITY-S	T-ZIP	Brandon, FL. 33511		Change	Addition
TITLE	C		□ pere⊥e	4.t Π			Knight, Frederick	_	-iningo	gag / sadisari
NAME	LACKMAN, GEORGE			4, 2 N					•	1
STREET ADDRESS		HLEY DR.				ADDRESS	P.O. BOX 1149 Wauchula , FL. 3	3072		1
CITY-ST-ZIP	TAMPA FL		☐ DELETE	4.4 Ci		-ZIP	wauchula, 1-L. 3	<u>ノロ1フ</u> □	Change	Addition
TITLE	000			5.1 TI 5.2 N/			Satchel, Frank R.	ب :	Juliango	(Ca Fiddinois
NAME	DAVIS, CODY F.		CL T	_		ADDRESS		Jer		. 1
	Davis & Scarritt, P.A	.) 100 Nor	in lampa 5	•]
CITY-ST-ZIP	Jampa, FL. 33602		<u> </u>	0 5.40	TY-S1	- 412	Mulberry, FL. 339		Channe	Addition :
TITLE			INDEFETE	4.7 II	i Lit				Chance	
	00-	_	DELETE	6.1 TT 6.2 N			etrana Shervill 1		Change	Addition
NAME	Orennon, Bruce	c.	□ DELETE	6.2 N	AME	ADDRESS	Strang Shery LL 1	<i>N</i> • '	Change	Addison

CITY-ST-ZIP

14. I 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 of 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, withhall other like empowered.

SIGNATURE: