2001 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2001 8:00 am DOCUMENT # N93000004533 **Secretary of State** 1. Entity Name 02-08-2001 90387 001 *****8.75 DISTRICT 6 COMMUNITY HEALTH PURCHASING ALLIANCE, 02-08-2001 90387 002 ****61.25 Principal Place of Business Mailing Address 710 OAKFIELD DR 710 OAKFIELD DR SUITE 224 BRANDON FL 33511 BRANDON FL 33511 3. Mailing Address 2. Principal Place of Business **AMO)** (P, O. Suite, Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For St. Octers 59-3220303 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHMAN ZEURA Street Address (P.O. Box Number is Not Acceptable) LACKMAN, GEORGE E FIRST UNION BANK 100 S ASHLEY DRIVE, SUITE 1000 TAMPA FL 33602 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. VCD ☐ Addition TITLE TITLE ☐ Change EBBERT, ERIC R NAME NAME 1035 ROYAL PASS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33602** CITY-ST-ZIP ☐ Addition TITLE Change TITLE SAMPSON, CYNTHIA NAME NAME 4737 DOLPHIN CAY #206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST. PETE FL 33711 Delete TITLE ☐ Addition TITLE ☐ Change HAUGABOOK, EARL-تتعالمات STREET ADDRESS 1407 SHELL FLOWER DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 ☐ Addition TITLE TITLE ☐ Celete ☐ Change LACKMAN, GEORGE NAME erlTh STREET ADDRESS STREET ADDRESS 17906 SIMMS ROAD CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33556 ☐ Change TITLE TITLE ☐ Addition DRENNON, BRUCE C STREET ADDRESS STREET ADDRESS 808 OAKFIELD DR CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 TITLE Charles Sahman 1601 Schimon D Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tampa, 12 3 360 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with so address, with all others like empowered. SIGNATURE: ..

FILED