FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004534 (4)

1. Corporation Name

DISTRICT 7 COMMUNITY HEALTH PURCHASING ALLIANCE, INC.

Principal Place of Business	Mailing Address
105 E ROBINSON STR ORLANDO FL 32801 US	105 E ROBINSON STR ORLANDO FL 32801 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1993
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-3219935 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

REIKER, JON R
5900 LK ELLENOR DR
ORLANDO FL 32809

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	BALK, DAVID	1.2 NAME		
STREET ADDRESS	P.O. BOX 55587 N/A	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32802	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, LYNDA V	2.2 NAME		
STREET ADDRESS	4403 VINELAND RD., S-B-6	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32811	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	FEE, ROGER L	3.2 NAME		
STREET ADDRESS	390 N ORANGE AVE., S-700	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32802	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	GODWIN, JEFFREY S	4.2 NAME		
STREET ADDRESS	4020 S BABCOCK ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	GRINDLE, ARTHUR E	5.2 NAME	delete	
STREET ADDRESS	241 LIVE OAK LANE	5.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32741	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	GROGAN, BETTE J	6.2 NAME		
STREET ADDRESS	3060 CLEMSON RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808	6.4 CITY-ST-ZIP		

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: J.R.R. Jon R. Reiker 4/18/95 407-245-5660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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