FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Jan 30 1997 8:00am
Secretary of State

DOCUMENT # N93000004534 (4)

1. Corporation Name

DISTRICT 7 COMMUNITY HEALTH PURCHASING ALLIANCE, INC.

Principal Place of Business	Mailing Address
1221 LEE ROAD SUITE 208 ORLANDO FL 32801 US	1221 LEE ROAD SUITE 208 ORLANDO FL 32810-5845 US

3. Date Incorporated or Qualified: 10/05/1993
3a. Date of Last Report: 07/12/1996

2. Principal Place of Business — 21 ____ Suite, Apt. #, etc. 22 ____ City & State 23 ____ Zip 24 ____ Country 25 ____

2a. Mailing Address — 26 ____ Suite, Apt. #, etc. 27 ____ City & State 28 ____ Zip 29 ____ Country 30 ____

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

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

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 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 ____________________ 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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BALK, DAVID		1.2 NAME	
STREET ADDRESS	5600 SANDLAKE ROAD, MAILPOINT 607		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	REIKER, JON		2.2 NAME	
STREET ADDRESS	5900 LK. ELLENOR DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	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	☒ DELETE	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	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GROGAN, BETTE J		5.2 NAME	
STREET ADDRESS	3060 CLEMSON RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32802		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SWANN, CHRISTIAN		6.2 NAME	
STREET ADDRESS	1031 W. MORSE BLVD., STE. 270		6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32802		6.4 CITY-ST-ZIP	

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:

CR2E037 (9/96)

D
T. Wayne Bailey
600 N. Salisbury St.
Deland, FL 32720

D
David Balk (listed)
5600 Sandlake Road Mailpoint 607
Orlando, FL 32819

D
Talmadge Bennett
3562 Lenox Ave.
Jacksonville, FL 32254

D
Douglas Brown
5859 Moncrief Rd.
Jacksonville, FL 32209

D
Lynda Carter
710 W. Colonial Dr. Suite 201
Orlando, FL 32804

D
Jack Collier
50 N. Laura Street Suite 2000
Jacksonville, FL 32202

D
Ed Dunn, Jr.
347 S. Ridgewood Ave.
Daytona Beach, FL 32114

D
Roger Fee (listed)
390 North Orange Avenue Suite 700
Orlando, FL 32802

D
Bette Grogan (listed)
3060 Clemson Road
Orlando, FL 32802

D
Robert Guevara
2394 Josefina Drive
Kissimmee, FL 34744

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Orlando, FL 32801

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105 East Robinson Suite 300
Orlando, FL 32801

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P.O. Box 5250
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D
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281 Rangeline Road
Longwood, FL 32750

D
Marshall Randall
Box 1659
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D (listed)
Jon Relker
5900 Lake Ellenor Drive
Orlando, FL 32809

D
Anita Rink
100 Lambert Ave.
Flagler Beach, FL 32136

D
Thomas Slater
One Independence Drive Suite 3100
Jacksonville, FL 32202

D (listed)
Christian Swann
1031 W. Morse Blvd. Suite 270
Winter Park, FL 32789

D
Janie Thomas
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Fernandina Beach, FL 32034

D
Donna Williams
1 Riverside Ave.
Jacksonville, FL 32202