


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004534 (4)**

1. Corporation Name

CONSOLIDATED COMMUNITY HEALTH PURCHASING ALLIANCE, INC.



Principal Place of Business 1221 LEE ROAD SUITE 208 ORLANDO FL 32801 US		Mailing Address 1221 LEE ROAD SUITE 208 ORLANDO FL 32801 US		3. Date Incorporated or Qualified 10/05/1993	
2. Principal Place of Business 4203 Vineland Rd.		2a. Mailing Address		4. FEI Number 59-3219935	
Suite, Apt. #, etc. K-14		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State Orlando FL		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 32811		Country USA		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Dunn, Edgar			
				82 Street Address (P.O. Box Number is Not Acceptable) 347 S. Ridgewood Ave.			
				83			
				84 City Daytona Beach FL 85 Zip Code 32114			

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  **Edgar Dunn, Jr., Co-Chair** DATE **1/21/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME BALK, DAVID				1.2 NAME Bailey, T. Wayne			
STREET ADDRESS 5600 SANDLAKE ROAD, MAILPOINT 607				1.3 STREET ADDRESS 600 N. Salisbury St.			
CITY-ST-ZIP ORLANDO FL 32819				1.4 CITY-ST-ZIP Deland FL 32720			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME REIKER, JON				2.2 NAME Collier, Jack			
STREET ADDRESS 5900 LK. ELLENOR DR.				2.3 STREET ADDRESS 50 N. Laura St., Ste. 200			
CITY-ST-ZIP ORLANDO FL 32809				2.4 CITY-ST-ZIP Jacksonville FL 32202			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME FEE, ROGER L				3.2 NAME Dunn, Edgar			
STREET ADDRESS 390 N ORANGE AVE., S-700				3.3 STREET ADDRESS 347 S. Ridgewood Ave.			
CITY-ST-ZIP ORLANDO FL 32802				3.4 CITY-ST-ZIP Daytona Beach FL 32114			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME GROGAN, BETTE J				4.2 NAME Hanson, John			
STREET ADDRESS 3060 CLEMSON RD				4.3 STREET ADDRESS 445 W. Amelia St.			
CITY-ST-ZIP ORLANDO FL 32802				4.4 CITY-ST-ZIP Orlando FL 32801			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME SWANN, CHRISTIAN				5.2 NAME Liphart, Charlie			
STREET ADDRESS 1031 W. MORSE BLVD., STE. 270				5.3 STREET ADDRESS 2757 Powers Ave.			
CITY-ST-ZIP WINTER PARK FL 32802				5.4 CITY-ST-ZIP Jacksonville FL 32207			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME				6.2 NAME Perry, Adrienne			
STREET ADDRESS				6.3 STREET ADDRESS 281 Rangeline Rd.			
CITY-ST-ZIP				6.4 CITY-ST-ZIP Longwood, FL 32750			

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 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:  **Jon Reiker** DATE **1/21/98** (407) 481-5656

CR2E037 (10/97)

Consolidated Community Health Purchasing Alliance, Inc.
Officers and Directors Additions

1/9/98

Title	D	Addition
Name	Randall, Marshall	
Street Address	Box 1659	
City-St-Zip	Titusville, FL 32781	

Title	D	Addition
Name	Rink, Anita	
Street Address	100 Lambert Ave.	
City-St-Zip	Flagler Beach, FL 32136	

Title	D	Addition
Name	Slater, Thomas	
Street Address	One Independence Drive Suite 3100	
City-St-Zip	Jacksonville, FL 32202	

Title	D	Addition
Name	Thomas, Janie	
Street Address	4272 Nassau River Road	
City-St-Zip	Fernandina Beach, FL 32034	

Title	D	Addition
Name	Williams, Donna	
Street Address	1 Riverside Ave.	
City-St-Zip	Jacksonville, FL 32202	