

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90140 046 ****70.00

DOCUMENT # N93000004534

1. Corporation Name

CONSOLIDATED COMMUNITY HEALTH PURCHASING ALLIANCE, INC.

Principal Place of Business

4203 VINELAND RD
K-14
ORLANDO FL 32811
US

Mailing Address

1221 LEE ROAD
SUITE 208
ORLANDO FL 32801
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/05/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-3219935

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNN, EDGAR
347 S RIDGEWOOD AVE
DAYTONA BEACH FL 32114

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
D	BALK, DAVID	5600 SANDLAKE ROAD, MAILPOINT 607	ORLANDO FL 32819	<input type="checkbox"/>
D	REIKER, JON	5900 LK. ELLENOR DR.	ORLANDO FL 32809	<input type="checkbox"/>
D	FEE, ROGER L	390 N ORANGE AVE., S-700	ORLANDO FL 32802	<input type="checkbox"/>
D	GROGAN, BETTE J	3060 CLEMSON RD	ORLANDO FL 32802	<input checked="" type="checkbox"/>
D	SWANN, CHRISTIAN	1031 W. MORSE BLVD., STE. 270	WINTER PARK FL 32802	<input type="checkbox"/>
D	BAILEY, T W	600 N SALISBURY ST	DELAND FL 32720	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
D	SCOTT, JERRY	116 Forest Ave.	Cocoa, FL 32922	D	Dunn, Edgar	347 S. Ridgewood Ave	Daytona Beach FL 32114																

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, with all other like empowered.

SIGNATURE:

Edgar M. Dunn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99

(904) 258-1222