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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

N93000004535 (1)

DISTRICT 8 COMMUNITY HEALTH PURCHASING ALLIANCE, INC.

Mailing Address

FILED May 20 1997 8:00am Secretary of State



1205 G ELIZABETH ST PUNTA GORDA FL 33950 US		1206 G ELIZABETH ST Punta Gorda Fl 33950 US						
ψS		us			3. Date Incorporated or Qualified 10/05/1993	3a. Date 0	f Last R /01/19	eport 96
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Ap	plied For
1		26			65-0444875		No	t Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	X S	\$8.75 Additional Fee Required	
City & State	е	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
Ζιρ 4	Country 25	Zip 29	Country 30	,	This corporation has liability for Florida Statutes	intangible tax ☐ Yes ☐ N		199.032,
·	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	egistered Age	nt	
			81	Name				
TICHEN	OR, DAVID		82	Street A	Address (P.O. Box Number is Not Accepta	ible)		
1510 S TUTTLE AVE								
SARASO	OTA FL 34239		83					
			84	City		FL °	5 Zip (Code
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508, Florida Statu	ites, the abov	e-named i	corporation submits this statement for the	purpose of ch	anging it	s registered
	m familiar with, and accept the obl	igations of, Section 617.0503, F	iorida Statute		oration's board of directors. I hereby acce		ment as	registered
2	Signature typed or printed name of registered a	· · · · · · · · · · · · · · · · · · ·		ent signature	required when reinstating) ADOLT IONS YOU AND EST OF SE	DATE CEDS AND DU	DECTOR	IC IN 12
	OFFICERS A	ND DIRECTORS	13.	ent signature	ADDITIONS/CHANGES TO OFFI	CERS AND DI		
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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 supplied ental 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 on an attachment with an address.

SIGNATURE.

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 15 97 (941) 639-6664 Dave Davime Pione : 007833