


FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004535 (1)**

1. Corporation Name

**DISTRICT 8 COMMUNITY HEALTH PURCHASING ALLIANCE, INC.**

Principal Place of Business

Mailing Address

**1205 G ELIZABETH ST  
PUNTA GORDA FL 33950  
US**

**1205 G ELIZABETH ST  
PUNTA GORDA FL 33950  
US**



3. Date Incorporated or Qualified **10/05/1993** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0444875</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TICHENOR, DAVID  
1510 S TUTTLE AVE  
SARASOTA FL 34239**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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	<b>DS</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>DT.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ACKERT, RICHARD C</b>	1.2 NAME	<b>CHRISTIAN, PAMELA</b>
STREET ADDRESS	<b>1530 HEITMAN ST.</b>	1.3 STREET ADDRESS	<b>P.O. BOX 1058 1565 1ST ST.</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>	1.4 CITY-ST-ZIP	<b>SARASOTA, FL 34230 34236</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BARROSO, DIGNO J</b>	2.2 NAME	<b>FLINN, MARCIA</b>
STREET ADDRESS	<b>1703 W 7TH AVE</b>	2.3 STREET ADDRESS	<b>376 THIRD ST. APT 201</b>
CITY-ST-ZIP	<b>IMMOKALEE FL</b>	2.4 CITY-ST-ZIP	<b>NAPLES, FL 33940</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D'ANDREA, DIANE</b>	3.2 NAME	<b>KAYE, ROBERT</b>
STREET ADDRESS	<b>144 W MARION AVE</b>	3.3 STREET ADDRESS	<b>2133 BROADWAY</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	3.4 CITY-ST-ZIP	<b>FT. MYERS, FL 33901</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BAKER, BRAD</b>	4.2 NAME	<b>MCGEE, TODD</b>
STREET ADDRESS	<b>3108 CASEY KEY RD.</b>	4.3 STREET ADDRESS	<b>P.O. BOX 308 2040 VIRGINIA AVE.</b>
CITY-ST-ZIP	<b>NOKOMIS FL</b>	4.4 CITY-ST-ZIP	<b>FT. MYERS, FL 33902</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRADEN, BERNICE</b>	5.2 NAME	<b>PORTER, KARLA</b>
STREET ADDRESS	<b>4812 CAPE CORAL ST.</b>	5.3 STREET ADDRESS	<b>4199 CENTER GATE BLVD.</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	5.4 CITY-ST-ZIP	<b>SARASOTA, FL 34233</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASALE, CARMEL</b>	6.2 NAME	
STREET ADDRESS	<b>630 PERIWINKLE WAY</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANIBEL ISLAND FL 33957</b>	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:  **ALAN J. PELT** 4/15/97 (941) 639-6664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone • 0079335

CR2E037 (9/96)