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Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/05/1993

4. FEI Number

65-0444875

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

DT

☐ DELETE

NAME

CHRISTIAN, PAMELA

STREET ADDRESS

1565 1ST STREET

CITY-ST-ZIP

SARASOTA FL

TITLE

D

☒ DELETE

NAME

FLINN, MARCIA

STREET ADDRESS

376 THIRD ST APT 201

CITY-ST-ZIP

NAPLES FL

TITLE

D

☐ DELETE

NAME

D'ANDREA, DIANE

STREET ADDRESS

144 W MARION AVE

CITY-ST-ZIP

PUNTA GORDA FL

TITLE

D

☒ DELETE

NAME

MC GEE, TODD

STREET ADDRESS

2040 VIRGINIA AVE

CITY-ST-ZIP

FT MYERS FL

TITLE

D

☐ DELETE

NAME

BAKER, BRAD

STREET ADDRESS

3108 CASEY KEY RD

CITY-ST-ZIP

NOKOMIS FL

TITLE

D

☐ DELETE

NAME

PORTER, KARLA

STREET ADDRESS

4199 CENTER GATE BLVD

CITY-ST-ZIP

SARASOTA FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

☐ Change

☒ Addition

1.2 NAME

ALLEN, ROBERT

1.3 STREET ADDRESS

12 S. 12TH ST

1.4 CITY-ST-ZIP

ARCADIA, FL 34265

2.1 TITLE

D

☐ Change

☒ Addition

2.2 NAME

BROWN, CHARLES

2.3 STREET ADDRESS

1100 TAMiami TR.

2.4 CITY-ST-ZIP

PORT CHARLOTTE, FL 33953

3.1 TITLE

D

☐ Change

☒ Addition

3.2 NAME

DAVENPORT, JOHN

3.3 STREET ADDRESS

20562 TAPPEN ZEE DR.

3.4 CITY-ST-ZIP

PORT CHARLOTTE, FL 33952

4.1 TITLE

D

☐ Change

☒ Addition

4.2 NAME

KAYE, ROBERT

4.3 STREET ADDRESS

2133 BROADWAY

4.4 CITY-ST-ZIP

FT. MYERS, FL 33901

5.1 TITLE

D

☐ Change

☒ Addition

5.2 NAME

KING, CLIFFORD

5.3 STREET ADDRESS

1800 SECOND ST. SUITE 855

5.4 CITY-ST-ZIP

SARASOTA, FL 34236

6.1 TITLE

D

☐ Change

☒ Addition

6.2 NAME

OATES JR, EDWARD

6.3 STREET ADDRESS

2935 BELLFLOWER LANE

6.4 CITY-ST-ZIP

NAPLES, FL 34105

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:

*Alan T. [Signature]* **REQUIRED**

1/20/98 (941) 639-6664

CR2E037 (10/97)



THE POWER OF UNITY

CHPA Region 8, 1205 G. Elizabeth St., Punta Gorda, FL 33950 (941) 639-6664 or 1-800-GET-CHPA, Fax (941) 639-1643

## District 8 Community Health Purchasing Alliance

### Additional Board of Directors

D

Schmidt, Robert  
365 Fifth Ave. South  
Naples, FL 34102

- Addition

D

Ward, Darrell  
4874 Shearwater Lane  
Naples, FL 34119

- Addition