

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90147 037 ****70.00

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1. Corporation Name

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

Principal Place of Business

1205 G ELIZABETH ST
PUNTA GORDA FL 33950
US

Mailing Address

1205 G ELIZABETH ST
PUNTA GORDA FL 33950
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

TICHENOR, DAVID
1510 S TUTTLE AVE
SARASOTA FL 34239

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

NAME

STREET ADDRESS

CITY-ST-ZIP

DT
CHRISTIAN, PAMELA
1565 1ST STREET
SARASOTA FL☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
ALLEN, ROBERT
12 S 12TH ST
ARCADIA FL 34265☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
D'ANDREA, DIANE
144 W MARION AVE
PUNTA GORDA FL☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
BROWN, CHARLES
1100 TAMiami TR
PORT CHARLOTTE FL 33953☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
BAKER, BRAD
3108 CASEY KEY RD
NOKOMIS FL☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
PORTER, KARLA
4199 CENTER GATE BLVD
SARASOTA FL☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D
JERRY PAUL
18401 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948☐ Change☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D
LOUIS RAUB
4871 GREYWOOD LANE
SARASOTA, FL 34235☐ Change☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D
JEROME ROTHSTEIN
509 SPOONBILL WAY
SARASOTA, FL 34236☐ Change☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D
SANDRA ABERNATHY
100 MADRID BLVD. SUITE #12
PUNTA GORDA, FL 33950☐ Change☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katherine Harris
T. PENN

(941) 639-6664

Date

Daytime Phone #

CR2E037 (11/98)