

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004535

1. Entity Name

DISTRICT 8 COMMUNITY HEALTH PURCHASING ALLIANCE,

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90072 011 ****70.00

Principal Place of Business 1205 G ELIZABETH ST PUNTA GORDA FL 33950 US	Mailing Address 1205 G ELIZABETH ST PUNTA GORDA FL 33950-6054 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0444875	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TICHENOR, DAVID 1510 S TUTTLE AVE SARASOTA FL 34239	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.																																																																																																																																																
<table border="1"> <tr> <td>TITLE</td> <td>DT</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHRISTIAN, PAMELA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1565 1ST STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ALLEN, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12 S 12TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ARCADIA FL 34285</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROTHSTEIN, JEROME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>509 SPOONBILL WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA FL 34236</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BROWN, CHARLES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1100 TAMiami TR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT CHARLOTTE FL 33953</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ABERNATHY, SANDRA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>100 MADRID BLVD #412</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PUNTA GORDA FL 33950</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PORTER, KARLA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4199 CENTER GATE BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA FL</td> <td></td> </tr> </table>	TITLE	DT	<input type="checkbox"/> Delete	NAME	CHRISTIAN, PAMELA		STREET ADDRESS	1565 1ST STREET		CITY-ST-ZIP	SARASOTA FL		TITLE	D	<input type="checkbox"/> Delete	NAME	ALLEN, ROBERT		STREET ADDRESS	12 S 12TH ST		CITY-ST-ZIP	ARCADIA FL 34285		TITLE	D	<input type="checkbox"/> Delete	NAME	ROTHSTEIN, JEROME		STREET ADDRESS	509 SPOONBILL WAY		CITY-ST-ZIP	SARASOTA FL 34236		TITLE	D	<input type="checkbox"/> Delete	NAME	BROWN, CHARLES		STREET ADDRESS	1100 TAMiami TR		CITY-ST-ZIP	PORT CHARLOTTE FL 33953		TITLE	D	<input type="checkbox"/> Delete	NAME	ABERNATHY, SANDRA		STREET ADDRESS	100 MADRID BLVD #412		CITY-ST-ZIP	PUNTA GORDA FL 33950		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	PORTER, KARLA		STREET ADDRESS	4199 CENTER GATE BLVD		CITY-ST-ZIP	SARASOTA FL		<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>BERRY, DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2740 VIA LA QUINTA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>N. 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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF DAVID T. PENN 4/25/2000 941 639-6664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)