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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004536 (9)**
1. Corporation Name
DISTRICT 9 COMMUNITY HEALTH PURCHASING ALLIANCE, INC.

Principal Place of Business Mailing Address
**31 W. 20TH ST.
2ND FLOOR
RIVIERA BCH. FL 33404** **31 W. 20TH ST.
2ND FLOOR
RIVIERA BCH. FL 33404**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/05/1993** 3a. Date of Last Report **04/11/1994**

4. FEI Number **65-0462423** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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
**GALLAGHER MARY JANE
31 W. 20TH ST.
RIVIERA FL 33404**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, KENNETH M	1.2 NAME	BRADY, STANLEY
STREET ADDRESS	483 CINDY DR	1.3 STREET ADDRESS	400 South Dixie Hwy., Ste. 421
CITY-ST-ZIP	W PALM BCH. FL 33414	1.4 CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	D	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWMAN, DARI M	2.2 NAME	DOMINICIS, JORGE A.
STREET ADDRESS	19198 PINE TREE DR	2.3 STREET ADDRESS	316 Royal Poincian Plaza
CITY-ST-ZIP	TEQUESTA FL 33469	2.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	D	3.1 TITLE	D, P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, ROBERT G	3.2 NAME	GALLAGHER, MARY JANE
STREET ADDRESS	P.O. BOX 109600 N/A	3.3 STREET ADDRESS	1080 E. Indiantown Rd., Ste. 203
CITY-ST-ZIP	W PALM BCH. FL 33410-9600	3.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	D	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOPER, MARY B	4.2 NAME	HERSHEY, SUE
STREET ADDRESS	2123 SW 21ST ST	4.3 STREET ADDRESS	121 S.W. Flagler Avenue
CITY-ST-ZIP	OKEECHOBEE FL 34974	4.4 CITY-ST-ZIP	Stuart, FL 34994
TITLE	D	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEGRAFFENREIDT, ANDREW	5.2 NAME	KOONS, JOHN F.
STREET ADDRESS	600 W BLUE HERON BLVD.	5.3 STREET ADDRESS	6601 S. Flagler Drive
CITY-ST-ZIP	RIVIERA BCH. FL 33404	5.4 CITY-ST-ZIP	West Palm Beach, FL 33405
TITLE	D VP	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELMORE, GEORGE T	6.2 NAME	MURPHY, LINDA
STREET ADDRESS	2350 S CONGRESS AVE	6.3 STREET ADDRESS	110 Westminster Road
CITY-ST-ZIP	DELRAY BCH. FL 33496	6.4 CITY-ST-ZIP	West Palm Beach, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 changing, or on an attachment with an address.

SIGNATURE: ML Altheimer DATE: _____ (Type in Please)

NO. 3000 600 4536



ADDITIONS TO OFFICERS AND DIRECTORS IN 12:

DISTRICT 9 CHPA

D,S
OSTEEN, WILLIAM D. Addition
308 Avenue A
Fort Pierce, FL 34950

D,T
ORVIS, LACENE J. Addition
15950 S. W. Kanner Highway
Indiantown, FL 34956-3199

D
RAPAPORT, COBEY W. Addition
175 Bradley Place
Palm Beach, FL 33480

D
WILLIAMS, ERNESTINE W. Addition
4125 56th Avenue
Vero Beach, FL 32967