

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996-2-9-96

B-9774

C

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



3. Date Incorporated or Qualified  
10/05/1993

3a. Date of Last Report  
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 4152 W. Blue Heron Blvd.

Suite, Apt. #, etc.

22 Suite 226

City & State

23 Riviera Beach, FL

Zip

24 33404

Country

25 USA

Suite, Apt. #, etc.

27 Suite 226

City & State

28 Riviera Beach, FL

Zip

29 33404

Country

30 USA

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALLAGHER MARY JANE

31 W. 20TH ST.

RIVIERA FL 33404

81 Name

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

4152 West Blue Heron Blvd.

83 Suite 226

84 City

Riviera Beach

FL

85 Zip Code

33404

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 | DELETE                              |
|--------|----------------------|----------------------------------|-----------------|-------------------------------------|
| D      | BRADY, STANLEY       | 400 SOUTH DIXIE HWY., STE. 421   | BOCA RATON FL   | <input type="checkbox"/>            |
| D      | DOMINICIS, JORGE A   | 316 ROYAL POINCIAN PLAZA         | PALM BEACH FL   | <input type="checkbox"/>            |
| DR X D | GALLAGHER, MARY JANE | 1080 E. INDIANTOWN RD., STE. 203 | JUPITER FL      | <input type="checkbox"/>            |
| D      | HERSHEY, SUE         | 121 S.W. FLAGLER AVE.            | STUART FL       | <input type="checkbox"/>            |
| D, P   | KOONS, JOHN F        | 6601 S. FLAGLER DRIVE            | W. PALM BCH. FL | <input type="checkbox"/>            |
| D      | MURPHY, LINDA        | 110 WESTMINISTER RD.             | W. PALM BCH. FL | <input checked="" type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                 |                                   |
|---------------------|---------------------------------|-----------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 1.2 NAME            |                                 |                                   |
| 1.3 STREET ADDRESS  |                                 |                                   |
| 1.4 CITY - ST - ZIP |                                 |                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 2.2 NAME            |                                 |                                   |
| 2.3 STREET ADDRESS  |                                 |                                   |
| 2.4 CITY - ST - ZIP |                                 |                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3.2 NAME            |                                 |                                   |
| 3.3 STREET ADDRESS  |                                 |                                   |
| 3.4 CITY - ST - ZIP |                                 |                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 4.2 NAME            |                                 |                                   |
| 4.3 STREET ADDRESS  |                                 |                                   |
| 4.4 CITY - ST - ZIP |                                 |                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5.2 NAME            |                                 |                                   |
| 5.3 STREET ADDRESS  |                                 |                                   |
| 5.4 CITY - ST - ZIP |                                 |                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 6.2 NAME            |                                 |                                   |
| 6.3 STREET ADDRESS  |                                 |                                   |
| 6.4 CITY - ST - ZIP |                                 |                                   |

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 119.07(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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ML Scherman

Date

1/31/96

Daytime Phone #

4078400333

CR2E037 (12/95)



COMMUNITY HEALTH PURCHASING ALLIANCE  
THE POWER OF UNITY

ADDITIONS TO DIRECTORS:

D, T  
ADAMS, KENNETH  
483 CINDY DRIVE  
WELLINGTON, FL 33414

D  
RAPAPORT, COBEY  
175 BRADLEY PLACE  
PALM BEACH, FL 33480

D  
BOWMAN, DARI  
19198 Pine Tree Drive  
TEQUESTA, FL 33469

D  
WILLIAMS, ERNESTINE  
4125 56th AVENUE  
VERO BEACH, FL 32967

D  
CARROLL, ROBERT  
744 WATERWAY DRIVE  
NORTH PALM BEACH, FL 33408

D, VP  
COOPER, MARY BETH  
2123 S.W. 21st STREET  
OKEECHOBEE, FL 34974

D  
DEGRAFFENREIDT, ANDREW  
600 WEST BLUE HERON BLVD.  
RIVIERA BEACH, FL 33404

D  
ELMORE, GEORGE  
2350 SOUTH CONGRESS AVENUE  
DELRAY BEACH, FL 33445

D, S  
OSTEEN, WILLIAM D.  
3107 SOUTH INDIAN RIVER DRIVE  
FORT PIERCE, FL 34982

D  
ORVIS, LACENE  
19469 PINE TREE DRIVE  
TEQUESTA, FL 33469