

FILE NOW: FILING FEE IS \$61.25

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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004536 (9)**

1. Corporation Name

DISTRICT 9 COMMUNITY HEALTH PURCHASING ALLIANCE, INC.



Principal Place of Business	Mailing Address
4152 W BLUE HERON BLVD SUITE 226 RIVIERA BEACH FL 33404 US	4251 W BLUE HERON BLVD. SUITE 226 RIVIERA BEACH FL 33404 US

3. Date Incorporated or Qualified	10/05/1993
4. FEI Number	65-0462423
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
GALLAGHER MARY JANE 4152 WEST BLUE HERON BLVD. SUITE 226 RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent
81 Name John Fletcher Koons IV
82 Street Address (P.O. Box Number is Not Acceptable) 4152 West Blue Heron Boulevard #226
83 City Riviera Beach
84 State 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 *John F. Koons* (NOTE: Registered Agent signature required when reinstating) DATE 1/12/98

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	BRADY, STANLEY
STREET ADDRESS	400 SOUTH DIXIE HWY., STE. 421
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GALLAGHER, MARY JANE
STREET ADDRESS	725 N. A1A, SUITE A-102
CITY-ST-ZIP	JUPITER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HERSHEY, SUE
STREET ADDRESS	121 S.W. FLAGLER AVE.
CITY-ST-ZIP	STUART FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	KOONS, JOHN F
STREET ADDRESS	6601 S. FLAGLER DRIVE
CITY-ST-ZIP	W. PALM BCH. FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 checked="" type="checkbox"/> Addition
5.2 NAME	5000024203
5.3 STREET ADDRESS	-02/03/98--01090-
5.4 CITY-ST-ZIP	***70.00
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 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 *John F. Koons* DATE 1/12/98

CR2E037 (10/97)