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**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90042 030 \*\*\*\*70.00

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000004536**

1. Corporation Name

**DISTRICT 9 COMMUNITY HEALTH PURCHASING ALLIANCE,  
INC.**

Principal Place of Business

4152 W BLUE HERON BLVD  
SUITE 226  
RIVIERA BEACH FL 33404  
US

Mailing Address

4152 W BLUE HERON BLVD  
SUITE 226  
RIVIERA BEACH FL 33404  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/05/1993

4. FEI Number

65-0462423

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

**\$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

**KOONS, JOHN F IV  
4152 WEST BLUE HERON BLVD.  
SUITE 226  
RIVIERA BEACH FL 33404**

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	<input type="checkbox"/> DELETE
D	BRADY, STANLEY	400 SOUTH DIXIE HWY., STE. 421	BOCA RATON FL	
D	HERSHEY, SUE	121 S.W. FLAGLER AVE.	STUART FL	
DP	KOONS, JOHN F	6601 S. FLAGLER DRIVE	W. PALM BCH. FL	
DVP	COOPER, MARY BETH	2123 S.W. 21st STREET	OKEECHOBEE, FL 34974	
DS	TALLEY, DAVID H.	1983 PGA BLVD., STE. 104	PALM BEACH GARDENS, FL	
DT	OSTEEN, WILLIAM D.	308 AVENUE A	FORT PIERCE, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	CASAS, SUSAN	4152 W. BLUE HERON BLVD., #116	RIVIERA BEACH, FL		
D	DEGRAFFENREIDT, ANDREW	1 CLEARLAKE CENTRE, 250 S. AUSTRALIA	WEST-PALM BEACH, FL		
D	ELMORE, GEORGE T.	2350 S. CONGRESS AVE	DELRAY BEACH, FL		
D	HRABKO, DANIEL	1639 FORUM PLACE, #5	WEST PALM BEACH, FL 33401		
D	JOHNSON, DIANA	222 LAKEVIEW AVE., 12th FLOOR	WEST PALM BEACH, FL		
D	MCBEAN, GARY A	4152 W. BLUE HERON BLVD., #226	RIVIERA BEACH, FL		

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: *John F. Koons*

1/13/99 561-840-0333

CR2E037 (11/98)



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DIRECTORS -- (CONTINUED)

D  
MILES, ROBERT  
3228 GUN CLUB ROAD  
WEST PALM BEACH, FL

D  
NEWBERRY, SHARON LEE  
3175 S. CONGRESS AVENUE  
SUITE 106  
PALM SPRINGS, FL

D  
NOBLE, BARBARA  
1713 FLAGLER MANOR CIRCLE  
WEST PALM BEACH, FL

D  
WILLIAMS, ERNESTINE  
4152 W. BLUE HERON BLVD., #226  
RIVIERA BEACH, FL