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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:25

DOCUMENT # N93000004537 (7)

1. Corporation Name
DISTRICT 10 COMMUNITY HEALTH PURCHASING ALLIANCE , INC.

Principal Place of Business	Mailing Address
3741 W. BROWARD BLVD SUITE 206 PLANTATION FL 33312 US	3341 W. BROWARD BLVD SUITE 206 PLANTATION FL 33312 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: ~~APPLIED FOR~~ 65-0483184 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 One Financial Plaza	26 One Financial Plaza
22 Suite, Apt. #, etc. #1909	27 Suite, Apt. #, etc. #1909
23 City & State Fort Lauderdale, FL	28 City & State Fort Lauderdale, FL
24 Zip 33394 25 Country US	29 Zip 33394 30 Country US

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

9. Name and Address of Current Registered Agent

LEWIS, HAROLD D
AGENCY FOR HEALTH CARE ADMINISTRATION
325 JOHN KNOX RD., SUITE 301, THE ATRIUM
TALLAHASSEE FL 32303

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Executive Vice President ☐ Change ☒ Addition
NAME	BARAKAT, RUSSELL G	1.2 NAME	
STREET ADDRESS	2810 SW 87TH AVE., APT. 908	1.3 STREET ADDRESS	3300 C. & R.B.
CITY-ST-ZIP	DAVIE FL 33328	1.4 CITY-ST-ZIP	2300 Tallahassee Fort Lauderdale, FL
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	DE MEO, ANTHONY	2.2 NAME	
STREET ADDRESS	2400 E COMMERCIAL BLVD., S-517	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308-4010	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	FORMAN, HAMILTON	3.2 NAME	
STREET ADDRESS	1850 ELLER DR., S-503	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GOLDMAN, RENEE K	4.2 NAME	
STREET ADDRESS	7025 NW 4TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GREVIOUR, ARNOLD	5.2 NAME	
STREET ADDRESS	100 SE SIXTH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, SANDRA P	6.2 NAME	
STREET ADDRESS	1373 NW 123 AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	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)(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: _____ 3/21/95 (305) 467-2696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6048318