

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004537 (7)

1. Corporation Name

DISTRICT 10 COMMUNITY HEALTH PURCHASING ALLIANCE, INC.



Principal Place of Business

Mailing Address

**ONE FINANCIAL PLAZA
#1909
FT LAUDERDALE FL 33394
US**

**ONE FINANCIAL PLAZA
#1909
FT LAUDERDALE FL 33394
US**

3. Date Incorporated or Qualified
10/05/1993

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Same as above

26 Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **BARAKAT, RUSSELL G**
STREET ADDRESS **2810 SW 87TH AVE., APT. 908**
CITY-STATE-ZIP **DAVE FL 33328**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Preston Henn**
1.3 STREET ADDRESS **1117-AIA, Hillsboro Beach, FL**
1.4 CITY-STATE-ZIP **33062**

TITLE **D** ☐ DELETE
NAME **DE MEO, ANTHONY**
STREET ADDRESS **2400 E COMMERCIAL BLVD., S-517**
CITY-STATE-ZIP **FT. LAUDERDALE FL 33308-4010**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Gloria Jackson**
2.3 STREET ADDRESS **13480 NW 6th Drive**
2.4 CITY-STATE-ZIP **Plantation, FL 33325**

TITLE **D** ☐ DELETE
NAME **FORMAN, HAMILTON**
STREET ADDRESS **1850 ELLER DR., S-503**
CITY-STATE-ZIP **FT. LAUDERDALE FL 33316**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Keith Koenig**
3.3 STREET ADDRESS **551 International Parkway**
3.4 CITY-STATE-ZIP **Sunrise, FL 33325**

TITLE **D** ☐ DELETE
NAME **GOLDMAN, RENEE K**
STREET ADDRESS **7025 NW 4TH ST**
CITY-STATE-ZIP **PLANTATION FL 33317**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Ina Lee**
4.3 STREET ADDRESS **108 SE 8th Avenue, Suite 206**
4.4 CITY-STATE-ZIP **Fort Lauderdale, FL 33301**

TITLE **D** ☐ DELETE
NAME **GREVIER, ARNOLD**
STREET ADDRESS **100 SE SIXTH ST**
CITY-STATE-ZIP **FT. LAUDERDALE FL 33301**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Robert B. Luchette, Sr.**
5.3 STREET ADDRESS **501 East Las Olas Blvd.**
5.4 CITY-STATE-ZIP **Fort Lauderdale, FL 33301**

TITLE **D** ☐ DELETE
NAME **HARRIS, SANDRA P**
STREET ADDRESS **1373 NW 123 AVE**
CITY-STATE-ZIP **PEMBROKE PINES FL 33026**

6.1 TITLE **m** ☐ Change ☒ Addition
6.2 NAME **Victoria Stark**
6.3 STREET ADDRESS **One Financial Plaza, Suite 1909**
6.4 CITY-STATE-ZIP **Fort Lauderdale, FL 33394**

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

3/1/96 954-467-2696

CR2E037 (12/95)