FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
Apr 14, 1999 8:00 am
Secretary of State
04-14-1999 90123 043 ****70.00

DOCUMENT # N93000004537

1. Corporation Name

DISTRICT 10 COMMUNITY HEALTH PURCHASING ALLIANCE , INC.

200298345282

Principal Place of Business	Mailing Address
COLONIAL PLACE. SUITE 105 1515 UNIVERSITY DRIVE CORAL SPRINGS FL 33071 US	COLONIAL PLACE. SUITE 105 1515 UNIVERSITY DRIVE CORAL SPRINGS FL 33071 US

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

3. Date Incorporated or Qualifed: 10/05/1993
4. FEI Number: 65-0483184 — ☐ 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

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: Berger, Davis & Singerman
82 Street Address (P.O. Box Number is Not Acceptable): 100 N.E. 3 Ave, Suite #400
83: ATTENTION: Mitchell Berger
84 City: Fort Lauderdale FL 85 Zip Code: 33301

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: X [signature] DATE: 4/6/99
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when submitting)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LOHMEIER, JANE		1.2 NAME		
STREET ADDRESS	7521 N.W. 9 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33317		1.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DEMEO, ANTHONY		2.2 NAME		
STREET ADDRESS	2400 E COMMERCIAL BLVD, #517		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	POZZUOLI, EDWARD		3.2 NAME	Moskowitz, Michael	
STREET ADDRESS	790 E. BROWARD BLVD		3.3 STREET ADDRESS	800 Corporate Dr., Suite #510	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	Ft. Laud. Fl. 33334	
TITLE	ASD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROOD, MORGAN		4.2 NAME		
STREET ADDRESS	c/o 201 S.E. 6th St.		4.3 STREET ADDRESS		
CITY-ST-ZIP	Ft. Lauderdale, FL. 33301		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GREVIOR, ARNOLD		5.2 NAME		
STREET ADDRESS	100 SE SIXTH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	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		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: X SIGNATURE REQUIRED — 3/31/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ANTHONY DEMEO — Date — Daytime Phone #