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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Myrtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004537 (7)
1. Corporation Name
DISTRICT 10 COMMUNITY HEALTH PURCHASING ALLIANCE
INC.

100298345291


Principal Place of Business ONE FINANCIAL PLAZA #1909 FT LAUDERDALE FL 33394 US	Mailing Address ONE FINANCIAL PLAZA #1909 FT LAUDERDALE FL 33394-1609 US
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3. Date Incorporated or Qualified 10/05/1993	3a. Date of Last Report 03/11/1996
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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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

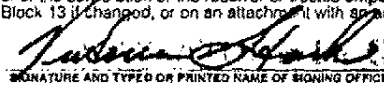
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENN, PRESTON 1117-A1A HILLSBORO BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Chair D JANE LOHMEIER c/o Datacom 1601 North Harrison Pkwy Sunrise, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE MEO, ANTHONY 2400 E COMMERCIAL BLVD., S-517 FT. LAUDERDALE FL 33308-4010	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Treasurer D ANTHONY DeMEO 2400 E. COMMERCIAL BLVD #517 FT. LAUD., FL. 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORMAN, HAMILTON 1850 ELLER DR., S-503 FT. LAUDERDALE FL 33316	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary D EDWARD POZZUOLI c/o Bailey & Pozzuoli 790 E. Broward Blvd, #200 FT. LAUD., FL. 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDMAN, RENEE K 7025 NW 4TH ST PLANTATION FL 33317	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Assistant Secretary D MORGAN ROOD c/o 201 S.E. 6th St FT. LAUDERDALE, FL. 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREVOR, ARNOLD 100 SE SIXTH ST FT. LAUDERDALE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, SANDRA P 1373 NW 123 AVE PEMBROKE PINES FL 33026	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Vice Chair D SANDRA P. HARRIS 1373 N.W. 123 AVE Pembroke Pines, FL 33026

14. I do 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  DATE 3/13/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Anthony DeMEO Executive Director Daytime Phone # 0037963

CR25037 (9/96)