

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91207 044 ****70.00

DOCUMENT # **093000004539**

1. Entity Name **District 11 Health Purchasing Alliance, Inc.**

DO NOT WRITE IN THIS SPACE

B0124505

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3106 Commerce Parkway

3. Mailing Address
3106 Commerce Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miramar, Florida

City & State
Miramar, Florida

Zip
33025

Country
USA

Zip
33025

Country
USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Alfredo R. Cortes, Jr.**

Street Address (P.O. Box Number is Not Acceptable)

8775 Paris Blvd. # 515

City **Miami**

FL

Zip Code
33172

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Alfredo R. Cortes, Jr.
Signature, typed or printed name of registered agent and title if applicable.

Alfredo R. Cortes, Jr.

4/27/02

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/D, Ms. LINDA Miller
14800 S.W. 170th Ave.
Miami, FL 33187

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C/D, Dr. David P. Newman
2470 Trapp Ave.
Miami, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D, Alfredo R. Cortes, Jr.
8775 Paris Blvd # 515
Miami, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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CITY-ST-ZIP

12. 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 report or supplemental 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 10 or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alfredo R. Cortes, Jr.
Alfredo R. Cortes, Jr. **4/27/02** **(305) 505-5225**

CR2E037B (12/01)