

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90197 049 \*\*\*\*70.00

**DOCUMENT # N97000004810**

1. Entity Name

**FLORIDA PHYSICIANS ALLIANCE PURCHASING GROUP, INC.**

Principal Place of Business

Mailing Address

**7455 NW 4TH STREET  
 PLANTATION FL 33317**

**7455 NW 4TH STREET  
 PLANTATION FL 33317**

2. Principal Place of Business

**8200 NW 41st St., Ste 200**

3. Mailing Address

**8200 NW 41st St., Ste 200**

Suite, Apt. #, etc.

**Suite 200**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Miami, Florida**

City & State

**Miami, Florida**

4. FEI Number

**65-0780927**

Applied For

Not Applicable

Zip

**33166**

Country

Zip

**33166**

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARTLETT, DENNIS A  
 7455 NW 4TH STREET  
 PLANTATION FL 33317**

Name

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

**8200 NW 41st Street, Suite 200**

City

**Miami**

**FL**

Zip Code

**33166**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **PD REISCHMAN, PHILIP E**  
 STREET ADDRESS **820 GESSNER, SUITE 1000**  
 CITY-ST-ZIP **HOUSTON TX 77024**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D HANDO, DANA R**  
 STREET ADDRESS **820 GESSNER, SUITE 1000**  
 CITY-ST-ZIP **HOUSTON TX 77024**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VD BARTLETT, DENNIS A**  
 STREET ADDRESS **284 SOUTH UNIVERSITY DR**  
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☒ Change ☐ Addition  
 NAME **VD BARTLETT, DENNIS A**  
 STREET ADDRESS **8200 NW 41st STREET, SUITE 200**  
 CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**7/25/2002**

**718-461-4000**

CR2E037 (4/02)