2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2013
Secretary of State
CC8614448676

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Entity Name: FLORIDA COLLABORATIVE FOR HEALTH CARE QUALITY, LLC

Current Principal Place of Business:

6705 ROCKLEDGE DRIVE
STE 900
BETHESDA, MD 20817

Current Mailing Address:

6705 ROCKLEDGE DRIVE
STE 900
BETHESDA, MD 20817 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	CIANO, CHRISTOPHER A	Name	ULIBARRI, FRANCISCO
Address	1340 CONCORD TERRACE	Address	1340 CONCORD TERRACE
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323
Title	MGR	Title	MGR
Name	WEINBERG, JONATHAN	Name	BURGOYNE, MICHAEL J
Address	6705 ROCKLEDGE DRIVE STE 900	Address	6705 ROCKLEDGE DRIVE STE 900
City-State-Zip:	BETHESDA MD 20817	City-State-Zip:	BETHESDA MD 20817
Title	SECRETARY	Title	TREASURER
Name	SMITH, SHIRLEY R	Name	RUHLMANN, JOHN J
Address	6705 ROCKLEDGE DRIVE STE 900	Address	6705 ROCKLEDGE DRIVE STE 900
City-State-Zip:	BETHESDA MD 20817	City-State-Zip:	BETHESDA MD 20817

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHIRLEY R SMITH SECRETARY 03/30/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date