

2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000002911

Entity Name: COUNCIL FOR AFFORDABLE QUALITY HEALTHCARE, INC.**Current Principal Place of Business:**1900 K. STREET NW
SUITE 650
WASHINGTON, DC 20006**Current Mailing Address:**1900 K. STREET NW
SUITE 650
WASHINGTON, DC 20006 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Officer/Director Detail :

Title DIRECTOR
Name SOUTHAM, ARTHUR
Address 1900 K. STREET NW
SUITE 650
City-State-Zip: WASHINGTON DC 20006

Title DIRECTOR
Name SMITH, HENRY
Address 1900 K. STREET NW
SUITE 650
City-State-Zip: WASHINGTON DC 20006

Title DIRECTOR
Name CADE, LISA
Address 1900 K. STREET NW
SUITE 650
City-State-Zip: WASHINGTON DC 20006

Title DIRECTOR
Name BURKHALTER, BRANDY
Address 1900 K. STREET NW
SUITE 650
City-State-Zip: WASHINGTON DC 20006

Title DIRECTOR
Name BARNARD, MARK
Address 1900 K. STREET NW
SUITE 650
City-State-Zip: WASHINGTON DC 20006

Title DIRECTOR
Name SIMMER, THOMAS
Address 1900 K. STREET NW
SUITE 650
City-State-Zip: WASHINGTON DC 20006

Title DIRECTOR
Name NOVAK, JOE
Address 1900 K. STREET NW
SUITE 650
City-State-Zip: WASHINGTON DC 20006

Title DIRECTOR
Name BURRELL, CHET
Address 1900 K. STREET NW
SUITE 650
City-State-Zip: WASHINGTON DC 20006

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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 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBIN THOMASHAUER**PRESIDENT****04/02/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name THOMASHAUER, ROBIN
Address 1900 K. STREET NW
 SUITE 650
City-State-Zip: WASHINGTON DC 20006

Title DIRECTOR
Name SALMITT, CRAIG
Address 1900 K. STREET NW
 SUITE 650
City-State-Zip: WASHINGTON DC 20006

Title DIRECTOR
Name MANDERS, MATTHEW
Address 1900 K. STREET NW
 SUITE 650
City-State-Zip: WASHINGTON DC 20006

Title DIRECTOR
Name HEDGES, KARI
Address 1900 K. STREET NW
 SUITE 650
City-State-Zip: WASHINGTON DC 20006

Title DIRECTOR
Name MCCARTHY, MEG
Address 1900 K. STREET NW
 SUITE 650
City-State-Zip: WASHINGTON DC 20006

Title DIRECTOR
Name BANKOWITZ, RICHARD
Address 1900 K. STREET NW
 SUITE 650
City-State-Zip: WASHINGTON DC 20006

Title DIRECTOR
Name KAJA, TIM
Address 1900 K. STREET NW
 SUITE 650
City-State-Zip: WASHINGTON DC 20006