FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 NOV -8 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765560

1. Corporation Name
FLORIDA ASSOCIATION FOR HEALTHCARE QUALITY, INC

Principal Place of Business	Mailing Address
409 W MAIN ST ARCHER FL 32618-0769	PO BOX 769 ARCHER FL 32618-0769

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1982
3a. Date of Last Report: 06/24/1993
4. FEI Number: 59-2442549 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: XX **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)
2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Karen Eilers 6290 NW 19 Street Sunrise Fl 33313	81 Name: Kathryn B. Clinefelter 82 Street Address (P.O. Box Number is Not Acceptable): 409 W Main Street 83 84 City: Archer FL 85 Zip Code: 32618

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Kathryn B Clinefelter — Signature, typed or printed name of registered agent and title if applicable
FAHQ Executive Director — (NOTE: Registered Agent signature required when reinstating)
05/09/1995 — DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P NAME: Andrea Barlow STREET ADDRESS: 547 Dieudonne Way South CITY-ST-ZIP: St Petersburg FL 33707	11 TITLE: P, D ☒ Change ☐ Addition 12 NAME: Brian Collins 13 STREET ADDRESS: 906 Spirea Dr 14 CITY-ST-ZIP: Rockledge FL 32618 ~~33~~ 32955
TITLE: D NAME: Kathryn Clinefelter STREET ADDRESS: 350 Old Oaks Rd CITY-ST-ZIP: Archer FL 32618	21 TITLE: M, D ☒ Change ☐ Addition 22 NAME: Kathryn Clinefelter 23 STREET ADDRESS: 409 W Main St 24 CITY-ST-ZIP: Archer FL 32618
TITLE: VP NAME: Brian Collins STREET ADDRESS: 906 Spirea Dr CITY-ST-ZIP: Rockledge FL 32955	31 TITLE: VP, D ☒ Change ☐ Addition 32 NAME: Linda H Scribner 33 STREET ADDRESS: 6522 NW 31 Terrace 34 CITY-ST-ZIP: Gainesville FL 32653
TITLE: SD NAME: Barbara Bolt STREET ADDRESS: 4420 Honus Drive CITY-ST-ZIP: Cocoa FL 32927	41 TITLE: ☐ Change ☐ Addition 42 NAME: 200001510632 43 STREET ADDRESS: -06/12/95--01024--004 44 CITY-ST-ZIP: ****163.75 ****163.75
TITLE: NAME: Karen Eilers STREET ADDRESS: 6290 NW 19 St CITY-ST-ZIP: Sunrise FL 33313	51 TITLE: T, D ☒ Change ☐ Addition 52 NAME: Marie Ruckstuhl 53 STREET ADDRESS: 1411 Belmont Dr 54 CITY-ST-ZIP: Orlando FL 32806
TITLE: D NAME: Sonja Carroll STREET ADDRESS: 2388 Flintlock Dr CITY-ST-ZIP: Clearwater FL 34625	61 TITLE: ☐ Change ☐ Addition 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Marie C Ruckstuhl — SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR
5/7/95 — Date
(407) 896 6611 — Daytime Phone #
KP 3294