

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 765560 (8)
1. Corporation Name
FLORIDA ASSOCIATION FOR HEALTHCARE QUALITY, INC.

Principal Place of Business

Mailing Address

409 W. MAIN ST.
ARCHER FL 32618-0769
USP.O. BOX 769
ARCHER FL 32618-07693. Date Incorporated or Qualified
10/26/19823a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2442549

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLINEFELTER, KATHRYN B.
409 W. MAIN ST.
ARCHER FL 32618-0769

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, BRIAN	
STREET ADDRESS	906 SPIVEA DRIVE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	CLINEFELTER, KATHERINE	
STREET ADDRESS	409 W. MAIN ST.	
CITY-ST-ZIP	ARCHER FL 32618-0769	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCRIBNER, LINDA H	
STREET ADDRESS	8522 NW 31ST TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHOLLENBERGER, DEBRA	
STREET ADDRESS	10660 NW 19TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RUCKSTUHL, MARIE	
STREET ADDRESS	1411 BLEMONT DRIVE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CARROLL, SONJA	
STREET ADDRESS	2388 FLINT ROCK DR	
CITY-ST-ZIP	CLEARWATER FL	

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Brandt-Comer, Linda	
1.3 STREET ADDRESS	1355 Challen Ave	
1.4 CITY-ST-ZIP	Jacksonville FL 32205	
2.1 TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Clinefelter, Kathryn	
2.3 STREET ADDRESS	17524 SW 75 Ave	
2.4 CITY-ST-ZIP	Archer FL 32618	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Scriver, Linda	
3.3 STREET ADDRESS	1057 Farmingdale Lane	
3.4 CITY-ST-ZIP	New Port Richey FL 33026	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dorothy Litten Rea, Dorothy Litten	
5.3 STREET ADDRESS	6300 SW 85 Ave	
5.4 CITY-ST-ZIP	Miami FL 33143	
6.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Carroll, Sonja	
6.3 STREET ADDRESS	2388 Flint Rock Dr	
6.4 CITY-ST-ZIP	Clearwater FL 34265	

14. I do 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 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: Kathryn B Clinefelter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-97

352 495-5061

Date

Daytime Phone #0011486

CR2E037 (9/96)