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FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765560 (8)
1. Corporation Name
FLORIDA ASSOCIATION FOR HEALTHCARE QUALITY, INC.



Principal Place of Business 409 W. MAIN ST. ARCHER FL 32618-0769 US	Mailing Address P.O. BOX 769 ARCHER FL 32618-0769
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3. Date Incorporated or Qualified 10/26/1982
4. FEI Number 59-2442549
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent CLINEFELTER, KATHRYN B. 409 W. MAIN ST. ARCHER FL 32618-0769	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	
TITLE	VD <input type="checkbox"/> DELETE
NAME	BRANDT-COMER, LINDA
STREET ADDRESS	1355 CHALLEN AVENUE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	MD <input type="checkbox"/> DELETE
NAME	CLINEFELTER, KETHRYN
STREET ADDRESS	17524 SW 75 AVENUE
CITY-ST-ZIP	ARCHER FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	SCRIBNER, LINDA H
STREET ADDRESS	1057 FARMINGDALE LANE
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	SCHOLLENBERGER, DEBRA
STREET ADDRESS	10660 NW 19TH STREET
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	REA, DORTHY LITTEN
STREET ADDRESS	6300 SW 85 AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	CARROLL, SONJA
STREET ADDRESS	2388 FLINT ROCK DR
CITY-ST-ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRANDT-COMER, LINDA
1.3 STREET ADDRESS	1355 CHALLEN AVENUE
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32205
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RAISLER, MARY
3.3 STREET ADDRESS	1312 BAILLY ROAD
3.4 CITY-ST-ZIP	MILTON FL 32583
4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HARRIS, MONICA
4.3 STREET ADDRESS	8125 SW 103 AVENUE
4.4 CITY-ST-ZIP	GAINESVILLE FL 32608
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 Clinefelter* KATHRYN CLINEFELTER 4-29-98 357495561

CP2E037 (10/97)