

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765560

1. Entity Name

FLORIDA ASSOCIATION FOR HEALTHCARE QUALITY, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90976 038 \*\*\*\*61.25

Principal Place of Business

17524 SW 75 AVE  
ARCHER FL 32618-0769  
US

Mailing Address

17524 SW 75 AVE  
ARCHER FL 32618-3002  
US

2. Principal Place of Business

1355 Challen Ave

Suite, Apt. #, etc.

3. Mailing Address

1355 Challen Ave

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-2442549

Applied For

Not Applicable

Zip

32205

Country

US

Zip

32205

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLINEFELTER, KATHRYN  
17524 SW 75 AVE  
ARCHER FL 32618-0769

7. Name and Address of New Registered Agent

Name

LINDA BRANDT-COMER

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

1355 Challen Ave

City

Jacksonville

FL

Zip Code

32205

8. 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

LINDA BRANDT-COMER, Executive Director Linda Brandt-Comer 4/28/00

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME FERGUSON, SANDRA  
STREET ADDRESS 9300 S. DADELAND BLVD STE 103  
CITY-ST-ZIP MIAMI FL 33156-2704

TITLE MD ☒ Delete  
NAME CLINEFELTER, KATHRYN  
STREET ADDRESS 17524 SW 75 AVENUE  
CITY-ST-ZIP ARCHER FL

TITLE D ☒ Delete  
NAME RAISLER, M  
STREET ADDRESS 7009 TRAMMEL DR.  
CITY-ST-ZIP MILTON FL 32583

TITLE VD ☐ Delete  
NAME HARRIS, MONICA  
STREET ADDRESS 8125 SW 103 AVE  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE PD ☐ Delete  
NAME LITTEN, DOROTHY R  
STREET ADDRESS 6300 SW 85 AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ Delete  
NAME ROSANNA, AREY  
STREET ADDRESS 2215 JOSE CIR S.  
CITY-ST-ZIP JACKSONVILLE FL 32217

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MD ☒ Change ☐ Addition  
NAME LINDA BRANDT-COMER  
STREET ADDRESS 1355 Challen Ave  
CITY-ST-ZIP Jacksonville, FL 32205

TITLE VD ☐ Change ☒ Addition  
NAME HUTTON, JOAN  
STREET ADDRESS 815 LIVE OAK ROAD, Ste A  
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE PD ☒ Change ☐ Addition  
NAME HARRIS, MONICA  
STREET ADDRESS 8125 SW 103 AVE  
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE D ☒ Change ☐ Addition  
NAME LITTEN, DOROTHY R  
STREET ADDRESS 6300 SW 85 AVE, Ste 404  
CITY-ST-ZIP Miami, FL 33143

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda Brandt-Comer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

904-387-1921

Daytime Phone #

CR2E037 (9/99)