

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90465 030 \*\*\*\*61.25

**DOCUMENT # 765560**

1. Entity Name

**FLORIDA ASSOCIATION FOR HEALTHCARE QUALITY, INC.**

Principal Place of Business

Mailing Address

17524 SW 75 AVE  
 ARCHER FL 32618-0769  
 US

17524 SW 75 AVE  
 ARCHER FL 32618-0769  
 US

00050071



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1355 Challen Ave**

**1355 Challen Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Jacksonville, FL**

**Jacksonville, FL**

Zip

Country

Zip

Country

**32205**

**DUVAL**

**32205**

**DUVAL**

4. FEI Number

**59-2442549**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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* **LINDA BRANDT-COMER, Executive Director**

**4/30/01**

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE-NAME	<b>D</b> <b>FERGUSON, SANDRA</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>9300 S. DADELAND BLVD STE 103</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156-2704</b>	
TITLE-NAME	<b>MD</b> <b>CLINEFELTER, KATHRYN</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>17524 SW-75 AVENUE</b>	
CITY-ST-ZIP	<b>ARCHER FL</b>	
TITLE-NAME	<b>D</b> <b>RAISLER, M</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>7009 TRAMMEL DR.</b>	
CITY-ST-ZIP	<b>MILTON FL 32583</b>	
TITLE-NAME	<b>VD</b> <b>HARRIS, MONICA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>8125 SW 103 AVE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE-NAME	<b>PD</b> <b>LITTEN, DOROTHY R</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>6300 SW 85 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE-NAME	<b>SD</b> <b>ROSANNA, AREY</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>2215 JOSE CIR S.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32217</b>	

TITLE-NAME	<b>P</b> <b>JOAN HUTTON</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>815 LIVE OAK RD, Ste A</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL 32963</b>	
TITLE-NAME	<b>MD</b> <b>LINDA BRANDT-COMER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1355 Challen Ave</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32205</b>	
TITLE-NAME	<b>T</b> <b>KAREN HANSON</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>1904 Rachel's Ridge Loop</b>	
CITY-ST-ZIP	<b>OCFEE, FL 32761</b>	
TITLE-NAME	<b>VP</b> <b>MARSHA Moxley</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>4 Stonegate N</b>	
CITY-ST-ZIP	<b>LONGWOOD, FL 32779</b>	
TITLE-NAME	<b>S</b> <b>Marie Ruckstuhl</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>1411 BELMONT DR</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32806</b>	

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* **LINDA BRANDT-COMER** **Executive Director** **4/30/01** **904-387-1921**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachments  
~~# 765560~~  
D0050071  
FLORIDA ASSOCIATION FOR HEALTHCARE QUALITY, INC.

Document #765560

FEI #59-2442549

## 2001 UNIFORM BUSINESS REPORT

### Officers/Directors

In addition to page 1

D

Maureen Daniels  
2354 Homestead Terrace S  
Palm Harbor, FL 34683

D

Judy Milne  
1101 Chesterfield Ave.  
Ruskin, FL 33570

D

Deb Fuller  
2668 Southern Oaks Drive  
Cantonment, FL 32553

D

Karen-Taylor  
101 Humphrey's Way  
St. Mary's, GA 31558-2816

D

Susan White  
307 Park Lake Circle  
Orlando, FL 32803