

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765560

1. Entity Name

FLORIDA ASSOCIATION FOR HEALTHCARE QUALITY, INC.

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91187 021 ****61.25

Principal Place of Business
1355 CHALLEN AVENUE
JACKSONVILLE FL 32205
US

Mailing Address
1355 CHALLEN AVENUE
JACKSONVILLE FL 32205
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

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

BRANDT-COMER, LINDA
1355 CHALLEN AVENUE
JACKSONVILLE FL 32205

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

4/27/02
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 STREET ADDRESS CITY-ST-ZIP	P HUTTON, JOAN 815 LIVE OAK RD STE A VERO BEACH FL 32963	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD BRANDT-COMER, LINDA 1355 CHALLEN AVENUE JACKSONVILLE FL 32205	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANSON, KAREN 1904 RAHCEL'S RIDGE LOOP OCFEE FL 34761	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO HARRIS, MONICA 8125 SW 103 AVE GAINESVILLE FL 32608	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOXLEY, MARSHA 4 STONEGATE NORTH LONGWOOD FL 32779	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUCKSTUHL, MARIE 1411 BELMONT DRIVE ORLANDO FL 32806	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOAN HUTTON 815 LIVE OAK RD STE A VERO BEACH FL 32963	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAREN HANSON 1904 Rachel's Ridge Loop OCFEE FL 34761	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOLINGER, SHAWN 8156 PONDANO ST NAVARO FL 32566	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Moxley, Marsha 4 Stonegate North Longwood, FL 32779	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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, 4/27/02 904-387-921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

Attachment

DOC #765560

~~6010050~~

60123831

FLORIDA ASSOCIATION FOR HEALTHCARE QUALITY, INC.

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FEI #59-2442549

2002 UNIFORM BUSINESS REPORT

Officers/Directors

In addition to page 1

D

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

D

Noreen Durkin
14707 Provincetown Cir
Lutz FL 32549

D

Susan White
307 Park Lake Circle
Orlando FL 32803

D

Sandra Ferguson
13720 SW 103 Pl
Miami FL 33176

D

Judy Dowdie
800 E Cypress Dr
Pembroke Pines FL 33025