

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90011 048 ****70.00

DOCUMENT # 765560

1. Entity Name

FLORIDA ASSOCIATION FOR HEALTHCARE QUALITY, INC.



Principal Place of Business

1355 CHALLENGE AVENUE
JACKSONVILLE FL 32205
US

Mailing Address

1355 CHALLENGE AVENUE
JACKSONVILLE FL 32205
US

54054753



MOORE

CR2E037 (11/03)

2. Principal Place of Business

17 Kane Place

Suite, Apt. #, etc.

3. Mailing Address

17 Kane Place

Suite, Apt. #, etc.

City & State

Palm Coast, FL

City & State

Palm Coast, FL

4. FEI Number

59-2442549

Applied For

Not Applicable

Zip

32164

Country

USA

Zip

32164

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRANDT-COMER, LINDA
1355 CHALLENGE AVENUE
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name: Taylor, Karen D
Street Address (P.O. Box Number is Not Acceptable):
17 Kane Place

City: Palm Coast

FL

Zip Code: 32164

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Karen Taylor

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MILNER, MARK	
STREET ADDRESS	3763 CHARLESTON LOOP	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	BRANDT-COMER, LINDA	
STREET ADDRESS	1355 CHALLENGE AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	P	<input type="checkbox"/> Delete
NAME	HANSON, KAREN	
STREET ADDRESS	1904 RAHCEL'S RIDGE LOOP	
CITY-ST-ZIP	OCOCHEE FL 34761	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NOREEN, DURKIN	
STREET ADDRESS	14707 PREVICETOWN CIRCLE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32549	
TITLE	OD	<input checked="" type="checkbox"/> Delete
NAME	MOXLEY, MARSHA	
STREET ADDRESS	4 STONEGATE NORTH	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COLLINS, BRIAN	
STREET ADDRESS	1130 POGONIA DRIVE	
CITY-ST-ZIP	LAKELAND FL 33811	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	marie Ruckstuhl	
STREET ADDRESS	1411 Belmont Dr.	
CITY-ST-ZIP	Orlando FL 32806	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Taylor	
STREET ADDRESS	17 Kane Place	
CITY-ST-ZIP	Palm Coast, FL 32164	
TITLE	OD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen Hanson	
STREET ADDRESS	1904 Rachel's Ridge Loop	
CITY-ST-ZIP	Ocoee FL 34761	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anne Matkovics	
STREET ADDRESS	917 Belleville Rd, Ste J	
CITY-ST-ZIP	South Daytona, FL 32119	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathryn Clinefelter	
STREET ADDRESS	P.O. Box 769	
CITY-ST-ZIP	Archer, FL 32618	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian Collins	
STREET ADDRESS	4105 11th St	
CITY-ST-ZIP	Lake Wales, FL 33853	

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:

Karen Taylor Karen Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/04 (386)943-4849