

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765560

FILED
Apr 01, 2005
Secretary of State

Entity Name: FLORIDA ASSOCIATION FOR HEALTHCARE QUALITY, INC.

Current Principal Place of Business:

17 KANE PLACE
PALM COAST, FL 32164 US

New Principal Place of Business:

158 BRYAN CAVE ROAD
SOUTH DAYTONA, FL 32219 US

Current Mailing Address:

17 KANE PLACE
PALM COAST, FL 32164 US

New Mailing Address:

158 BRYAN CAVE ROAD
SOUTH DAYTONA, FL 32219 US

FEI Number: 59-2442549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, KAREN
17 KANE PLACE
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

MATKOVICS, ANNE
158 BRYAN CAVE ROAD
SOUTH DAYTONA, FL 32219 US

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: ANNE MATKOVICS

04/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: RUCKSTUHL, MARIE
Address: 1411 BELMONT DR
City-St-Zip: ORLANDO, FL 32806

Title: MD () Delete
Name: TAYLOR, KAREN
Address: 17 KANE PLACE
City-St-Zip: PALM COAST, FL 32164

Title: OD () Delete
Name: HANSON, KAREN
Address: 1904 RAHCEL'S RIDGE LOOP
City-St-Zip: OCOEE, FL 34761

Title: T () Delete
Name: MATKOVIC, ANNE
Address: 917 BELVILLE RD STE J
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: P () Delete
Name: CLINEFELTER, KATHRYN
Address: P.O. BOX 769
City-St-Zip: ARCHER, FL 32618

Title: SD () Delete
Name: COLLINS, BRIAN
Address: 410 S 11TH STREET
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DOWDIE, JUDY
Address: 7725 CORAL BLVD
City-St-Zip: MIRAMAR, FL 33023

Title: D (X) Change () Addition
Name: HANSON, KAREN
Address: 1904 RACHEL'S RIDGE LOOP
City-St-Zip: OCOEE, FL 34761

Title: T (X) Change () Addition
Name: MATKOVICS, ANNE
Address: 158 BRYAN CAVE ROAD
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: P (X) Change () Addition
Name: CLINEFELTER, KATHRYN
Address: 17524 SW 75 AVENUE
City-St-Zip: ARCHER, FL 32618

Title: SD (X) Change () Addition
Name: COLLINS, BRIAN
Address: 645 AVENUE A NE
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN CLINEFELTER

P

04/01/2005

Electronic Signature of Signing Officer or Director

Date