# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 14, 2006 8:00 am**
**Secretary of State**
05-01-2006 90425 031 ****61.25

DOCUMENT # 765560

1. Entity Name
FLORIDA ASSOCIATION FOR HEALTHCARE QUALITY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 158 BRYAN CAVE ROAD<br>SOUTH DAYTONA, FL 32119 US | 158 BRYAN CAVE ROAD<br>SOUTH DAYTONA, FL 32119 US |

04212006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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 |
|---|---|
| ~~MATKOVICS, ANNE~~ Huddleston, ~~Nancy~~ Mary<br>~~158 BRYAN CAVE ROAD~~ 9787 Portside Dr.<br>~~SOUTH DAYTONA, FL 32119~~ Seminole, FL 33776 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mary Huddleston 4/27/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2006**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>RUCKSTUHL, MARIE<br>1411 BELMONT DR<br>ORLANDO, FL 32806 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P (President)<br>Dowdie, Judy<br>9725 Coral Blvd.<br>Miramar, FL 33023 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DOWDIE, JUDY<br>7725 CORAL BLVD<br>MIRAMAR, FL 33023 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PE (or VP) (President Elect)<br>Bonnie Ratliff<br>3000 Finsterwald Dr.<br>Titusville, FL 32780 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HANSON, KAREN<br>1904 RACHEL'S RIDGE LOOP<br>OCOEE, FL 34761 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Co Treasurer<br>Kathryn Abbott<br>8923 Dartmoor Way<br>Fort Myers, FL 33908 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MATKOVICS, ANNE<br>158 BRYAN CAVE ROAD<br>SOUTH DAYTONA, FL 32119 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S (Secretary)<br>Mary Huddleston | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>CLINEFELTER, KATHRYN<br>17524 SW 75 AVENUE<br>ARCHER, FL 32618 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>COLLINS, BRIAN<br>645 AVENUE A NE<br>WINTER HAVEN, FL 33881 | ☑ Delete | 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 exemptions contained in Chapter 119, 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:** Anne R. Matkovics, Treasurer 6/11/06 386 214-7949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #