


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 SEP -7 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765560 1. Entity Name FLORIDA ASSOCIATION FOR HEALTHCARE QUALITY, INC.					
Principal Place of Business 158 BRYAN CAVE ROAD SOUTH DAYTONA, FL 32219 US			Mailing Address 158 BRYAN CAVE ROAD SOUTH DAYTONA, FL 32219 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2442549	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HUDDLESTON, MARY 9767 PORTSIDE DR SEMINOLE, FL 33776				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DOWDIE, JUDY		NAME	COT Maxine Hudson	
STREET ADDRESS	7725 CORAL BLVD		STREET ADDRESS	5715 Bear Stone Run	
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	PEVP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RATLIFF, BONNIE		NAME	300079734613	
STREET ADDRESS	3000 FINSTERWALD DR		STREET ADDRESS	09/12/06--01068--027 **26.25	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATKOVICS, ANNE		NAME		
STREET ADDRESS	158 BRYAN CAVE ROAD		STREET ADDRESS		
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119		CITY-ST-ZIP		
TITLE	COT <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABBOTT, KATHRYN		NAME		
STREET ADDRESS	8923 DARTMOOR WAY		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUDDLESTON, MARY		NAME		
STREET ADDRESS	9767 PORTSIDE DR		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 Anne Matkovics 9/1/06 (386)214-7949 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

9/7/06