2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 765560

Entity Name: FLORIDA ASSOCIATION FOR HEALTHCARE QUALITY, INC.

Current Principal Place of Business:

1904 RACHEL'S RIDGE LOOP
OCOEE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

1904 RACHEL'S RIDGE LOOP
OCOEE, FL 34761 US

New Mailing Address:

FEI Number: 59-2442549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'NEAL, SANDI
3112 SUNDANCE TRAIL
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PEVP	( ) Delete
Name:	ELIZONDA, SAM	
Address:	3421 S. CARTER ST, UNIT D	
City-St-Zip:	TAMPA, FL 33629	
Title:	S	( ) Delete
Name:	DURKIN, NOREEN	
Address:	1407 PROVINCETOWN CIRCLE	
City-St-Zip:	LUTZ, FL 33549	
Title:	COT	( ) Delete
Name:	HANSON, KAREN	
Address:	1904 RACHEL'S RIDGE LOOP	
City-St-Zip:	OCOEE, FL 34761	
Title:	COT	( ) Delete
Name:	SCHIMPF, KAREN	
Address:	21 N. IVANHOE BLVD	
City-St-Zip:	ORLANDO, FL 32804	
Title:	P	( ) Delete
Name:	O'NEAL, SANDI	
Address:	3112 SUNDANCE TRAIL	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	DBOD	( ) Delete
Name:	SCELSI, DIXIE	
Address:	23355 GARRISON AVE	
City-St-Zip:	PORT CHARLOTTE, FL 33954	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KAREN HANSON T 01/14/2009

Electronic Signature of Signing Officer or Director — Date