

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765560

FILED  
Jan 14, 2012  
Secretary of State

**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:**

SCOTT, DONNA  
3426 CYPRESS LANDING DRIVE  
VALRICO, FL 33594 US

**Name and Address of New Registered Agent:**

JACKSON, CLAUDIA  
4186 SILVER FOX CRIVE  
SPRING HILL, FL 34609 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: CLAUDIA JACKSON

01/14/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: MCKERNAN, PAULETTE  
Address: 940 SW 79TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: S  
Name: THORNTON, CONNIE  
Address: BROWARD HEALTH, 303 SE 17TH STR  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: T  
Name: HANSON, KAREN  
Address: 1904 RACHEL'S RIDGE LOOP  
City-St-Zip: OCOEE, FL 34761

Title: DIR  
Name: LENTZ, LUANNE  
Address: 831 SEVENTH AVENUE NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: PAST  
Name: SCOTT, DONNA  
Address: 3426 CYPRESS LANDING DRIVE  
City-St-Zip: VALRICO, FL 33596

Title: DBOD  
Name: MOXLEY, MARSHA  
Address: 4 STONEGATE NORTH  
City-St-Zip: LONGWOOD, FL 32779

I hereby 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 all other like empowered.

SIGNATURE: KAREN LEE HANSON

TREA

01/14/2012

Electronic Signature of Signing Officer or Director

Date