

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90203 004 \*\*\*\*61.25

0003161

**DOCUMENT # 765560**

1. Entity Name

**FLORIDA ASSOCIATION FOR HEALTHCARE QUALITY, INC.**



Principal Place of Business

**1355 CHALLEN AVENUE  
JACKSONVILLE FL 32205  
US**

Mailing Address

**1355 CHALLEN AVENUE  
JACKSONVILLE FL 32205  
US**

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRANDT-COMER, LINDA  
1355 CHALLEN AVENUE  
JACKSONVILLE FL 32205**

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 Linda Brandt-Comer, Executive Director

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/03  
DATE

**FILE NOW: FEE IS \$61.25**

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          | PD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | HUTTON, JOAN             |                                            |
| STREET ADDRESS | 815 LIVE OAK RD STE A    |                                            |
| CITY-ST-ZIP    | VERO BEACH FL 32983      |                                            |
| TITLE          | MD                       | <input type="checkbox"/> Delete            |
| NAME           | BRANDT-COMER, LINDA      |                                            |
| STREET ADDRESS | 1355 CHALLEN AVENUE      |                                            |
| CITY-ST-ZIP    | JACKSONVILLE FL 32205    |                                            |
| TITLE          | VP                       | <input type="checkbox"/> Delete            |
| NAME           | HANSON, KAREN            |                                            |
| STREET ADDRESS | 1904 RACHEL'S RIDGE LOOP |                                            |
| CITY-ST-ZIP    | OCFEE FL 34761           |                                            |
| TITLE          | T                        | <input checked="" type="checkbox"/> Delete |
| NAME           | BOLENDER, SHAWN          |                                            |
| STREET ADDRESS | 8156 POMPANO STREET      |                                            |
| CITY-ST-ZIP    | NAVARRE FL 32566         |                                            |
| TITLE          | P                        | <input type="checkbox"/> Delete            |
| NAME           | MOXLEY, MARSHA           |                                            |
| STREET ADDRESS | 4 STONEGATE NORTH        |                                            |
| CITY-ST-ZIP    | LONGWOOD FL 32779        |                                            |
| TITLE          | SD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | RUCKSTUHL, MARIE         |                                            |
| STREET ADDRESS | 1411 BELMONT DRIVE       |                                            |
| CITY-ST-ZIP    | ORLANDO FL 32806         |                                            |

|                |                          |                                                                              |
|----------------|--------------------------|------------------------------------------------------------------------------|
| TITLE          | VP MARK MILNER           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | 3763 CHARLESTON LOOP     |                                                                              |
| STREET ADDRESS | DUKEWOOD, FL 32765       |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          | P HANSON, KAREN          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 1904 Rachel's Ridge Loop |                                                                              |
| STREET ADDRESS | OCFEE, FL 34761          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          | Dunkin, Noreen           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | 14707 Peewicktown Circle |                                                                              |
| STREET ADDRESS | Lutz, FL 32549           |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          | PD Moxley, Marsha        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 4 Stonegate North        |                                                                              |
| STREET ADDRESS | Longwood, FL 32779       |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          | SD BRIAN COLLINS         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | 1130 Pogonia Drive       |                                                                              |
| STREET ADDRESS | Lakeland, FL 33811       |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Linda Brandt-Comer, Executive Director, 4/30/03 904-357-1921

CR2E037 (10/02)

ATTACHMENT

765560  
80106872

FLORIDA ASSOCIATION FOR HEALTHCARE QUALITY, INC.

Document #765560

FEI #59-2442549

2003 UNIFORM BUSINESS REPORT

Officers/Directors

In addition to page 1

D

Karen Taylor  
101 Humphrey's Way  
St. Mary's GA 31558

D

Nancy Dion  
1514 Forest Lakes Boulevard  
Naples FL 34105

D

Mary Huddleston  
Rt 15 Box 3720  
Lake City FL 32024

D

Judy Dowdie  
800 E Cypress Dr  
Pembroke Pines FL 33025