

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

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-03-2003 90959 026 ****70.25

DOCUMENT # N02000002769

1. Entity Name
FLORIDIANS FOR QUALITY, AFFORDABLE HEALTH CARE, INC.



Principal Place of Business
**6363 TAFT STREET
SUITE 200
HOLLYWOOD FL 33024**

Mailing Address
**6363 TAFT STREET
SUITE 200
HOLLYWOOD FL 33024**

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

02-0583784

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when restatesting)

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

TITLE **CHAIRMAN** ☐ Delete
NAME **Edward S. Rosasco**
STREET ADDRESS **2625 Collins Avenue, #1607**
CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE **TREASURER** ☐ Delete
NAME **Linda S. Quick**
STREET ADDRESS **6363 Taft Street, #200**
CITY-ST-ZIP **Hollywood, FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TERRA Wiles - Director** ☐ Change ☒ Addition
NAME
STREET ADDRESS **3540 Forest Hill Blvd. #101**
CITY-ST-ZIP **West Palm Beach, FL 33406**

TITLE **Director** ☐ Change ☐ Addition
NAME **Cynthia Peterson**
STREET ADDRESS **5104 NW 21st Ave, #440**
CITY-ST-ZIP **Mt. Dora, FL 33509**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/2003 (954) 964-1660

Date

Daytime Phone #

CR2E037 (10/02)