FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 23 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****130.00 ****130.00

DOCUMENT # N94000003821 (5)

1. Corporation Name

AMERICAN FOUNDATION FOR EDUCATION IN HEALTH CARE QUALITY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4890 W. KENNEDY BLVD. SUITE 260 TAMPA FL 33609	4890 W. KENNEDY BLVD. SUITE 260 TAMPA FL 33609

3. Date Incorporated or Qualified: 07/31/1994
3a. Date of Last Report:
4. FEI Number: Applied For ☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

DAVIS, GERALD D
360 CENTRAL AVE.
SUITE 1500
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D DUGGIRALA, SUBASH B M.D. %4890 W. KENNEDY BLVD. TAMPA FL 33609	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CASALE, TONI MARIE D.O. %4890 W. KENNEDY BLVD. TAMPA FL 33609	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CHAIKEN, BARRY P M.D. %4890 W. KENNEDY BLVD. TAMPA FL 33609	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BRODER, ARTHUR I M.D. %4890 W. KENNEDY BLVD. TAMPA FL 33609	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	V.P. Broder, Arthur I. M.D. %4890 W. Kennedy Blvd. Tampa FL 33609 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D MURPHY, JOSEPH L M.D. %4890 W. KENNEDY BLVD. TAMPA FL 33609	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	President Murphy, Joseph L. M.D. %4890 W. Kennedy Blvd Tampa FL 33609 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D TEA 5-23-95 HARTSELL, H.E. %4890 W. KENNEDY BLVD. TAMPA FL 33609 REMITTED BY MAY 1	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	Secretary/Treasurer Hartsell, H.E. %4890 W. Kennedy Blvd. Tampa FL 33609 ☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Turner Hall 5/1/95 813-286-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014104