

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 25 1996 8:00 am
Secretary of State

DOCUMENT # N94000003821 (5)

1. Corporation Name

AMERICAN FOUNDATION FOR EDUCATION IN HEALTH CARE
QUALITY, INC.

Principal Place of Business

4890 W. KENNEDY BLVD.
SUITE 260
TAMPA FL 33609

Mailing Address

4890 W. KENNEDY BLVD.
SUITE 260
TAMPA FL 33609

3. Date Incorporated or Qualified
07/31/1994

3a. Date of Last Report
05/23/1995

4. FEI Number

APPLIED FOR 59-3297079

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME DUGGIRALA, SUBASH B M.D.
STREET ADDRESS %4890 W. KENNEDY BLVD.
CITY-ST-ZIP TAMPA FL 33609

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CASALE, TONI MARIE D.O.
STREET ADDRESS %4890 W. KENNEDY BLVD.
CITY-ST-ZIP TAMPA FL 33609

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME CHAIKEN, BARRY P M.D.
STREET ADDRESS %4890 W. KENNEDY BLVD.
CITY-ST-ZIP TAMPA FL 33609

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME ROBERT EDMINSTON, M.D.
3.3 STREET ADDRESS 484 BRIGHTON PLACE
3.4 CITY-ST-ZIP MECHANICSBURG, PA 17055

TITLE VP ☐ DELETE
NAME BRODER, ARTHUR I M.D.
STREET ADDRESS %4890 W. KENNEDY BLVD.
CITY-ST-ZIP TAMPA FL 33609

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME MURPHY, JOSEPH L M.D.
STREET ADDRESS %4890 W. KENNEDY BLVD.
CITY-ST-ZIP TAMPA FL 33609

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ST ☐ DELETE
NAME HARTSELL, H.E.
STREET ADDRESS %4890 W. KENNEDY BLVD.
CITY-ST-ZIP TAMPA FL 33609

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carla Turner-Hahn

Date

3/12/96

Daytime Phone #

813-286-4414

CR2E037 (12/95)

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AMERICAN FOUNDATION FOR EDUCATION IN HEALTH CARE QUALITY, INC.

BOARD OF DIRECTORS 1996

	OFFICERS	TERMS
PRESIDENT & CHAIRMAN OF THE BOARD	Joseph Murphy M.D., F.A.C.P. 4952 W. Irving Park Road Chicago, IL 60641 HOME PHONE: (312) 685-4778 WORK PHONE: (312) 736-8896 FAX: (312) 533-2868	07/94 - 11/98
VICE PRESIDENT	Arthur Broder M.D. Physician Advisors to Disability Managers 333 W. Wacker Drive, Suite #470 Chicago, IL 60606 HOME PHONE: n/a WORK PHONE: (312) 857-1300 FAX: (312) 857-1308	07/94 - 11/98
SECRETARY/TREASURER	H.E. Hartsell HEH & Associates 34 Nob Hill Cove Little Rock, AR 72205 HOME PHONE: (501) 225-9166 WORK PHONE: Same As Home Phone FAX: Same As Home Phone	07/94 - 11/99

DIRECTORS	TERMS
Toni Casale D.O., M.P.A. Quality Health Care PC 199 Massachusetts Avenue, Suite #607 Boston, MA 02115-3034 HOME PHONE: n/a WORK PHONE: (617) 262-2793 BEEPER: (800) 314-7184 FAX: (617) 262-2793	07/94 - 11/96
Robert Edmiston M.D. 484 Brighton Place Mechanicsburg, PA 17055 HOME PHONE: (717) 691-3575 WORK PHONE: n/a FAX: n/a	07/94 - 11/97

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DIRECTORS	TERMS
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Subash Duggirala M.D., M.P.H.

11/95 - 11/2000

1406 Woodwell Road

Silver Spring, MD 20906

HOME PHONE: n/a

WORK PHONE: (202) 307-2867 Ext. #143

FAX: (202) 616-2097

Joseph Trautlein M.D.

07/94 - 11/99

Healthpass/Healthamerica

2601 Market Place Street

Harrisburg, PA 17110-9339

HOME PHONE: (717) 564-8257

WORK PHONE: (717) 541-5705

FAX: (717) 541-5767