

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000005254 (5)
1. Corporation Name

THE FLORIDA ALLIANCE FOR QUALITY CARE, INC.



Principal Place of Business
5255 N.W. 87 AVENUE
SUITE 440
MIAMI FL 33178

Mailing Address
5255 N.W. 87 AVENUE
SUITE 440
MIAMI FL 33178-2100

3. Date Incorporated or Qualified
10/14/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

4. FEI Number
65 0719249

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

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

10. Name and Address of New Registered Agent

11. Name and Address of New Registered Agent

12. Name and Address of New Registered Agent

13. Name and Address of New Registered Agent

14. Name and Address of New Registered Agent

15. Name and Address of New Registered Agent

16. Name and Address of New Registered Agent

17. Name and Address of New Registered Agent

18. Name and Address of New Registered Agent

19. Name and Address of New Registered Agent

20. Name and Address of New Registered Agent

21. Name and Address of New Registered Agent

22. Name and Address of New Registered Agent

23. Name and Address of New Registered Agent

24. Name and Address of New Registered Agent

25. Name and Address of New Registered Agent

26. Name and Address of New Registered Agent

27. Name and Address of New Registered Agent

28. Name and Address of New Registered Agent

29. Name and Address of New Registered Agent

30. Name and Address of New Registered Agent

31. Name and Address of New Registered Agent

32. Name and Address of New Registered Agent

33. Name and Address of New Registered Agent

34. Name and Address of New Registered Agent

35. Name and Address of New Registered Agent

36. Name and Address of New Registered Agent

37. Name and Address of New Registered Agent

38. Name and Address of New Registered Agent

39. Name and Address of New Registered Agent

40. Name and Address of New Registered Agent

41. Name and Address of New Registered Agent

42. Name and Address of New Registered Agent

43. Name and Address of New Registered Agent

44. Name and Address of New Registered Agent

45. Name and Address of New Registered Agent

46. Name and Address of New Registered Agent

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD

NAME FOX, JOSE R

STREET ADDRESS 5255 N.W. 87 AVENUE, #400

CITY-ST-ZIP MIAMI FL 33178

TITLE VD

NAME BUCHHOLTZ, FRED

STREET ADDRESS 5255 N.W. 87 AVENUE, #400

CITY-ST-ZIP MIAMI FL 33178

TITLE SD

NAME SPITZ, SUE

STREET ADDRESS 5255 N.W. 87 AVENUE, #400

CITY-ST-ZIP MIAMI FL 33178

TITLE TD

NAME ARANT, KATHY

STREET ADDRESS 5255 N.W. 87 AVENUE, #400

CITY-ST-ZIP MIAMI FL 33178

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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 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

CR2E037 (9/96)