

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

5255 N.W. 87 AVENUE
SUITE 440
MIAMI FL 33178

5255 N.W. 87 AVENUE
SUITE 440
MIAMI FL 33178

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FOX, JOSE R
5255 N.W. 87 AVENUE
SUITE 440
MIAMI FL 33178

3. Date Incorporated or Qualified

10/14/1996

4. FEI Number

65-0719249

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. Is this nonprofit corporation a homeowners association?



8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.



10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 SUITE 400

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FOX, JOSE R
STREET ADDRESS 5255 N.W. 87 AVENUE, #400
CITY-ST-ZIP MIAMI FL 33178

TITLE VD ☐ DELETE

NAME BUCHHOLTZ, FRED
STREET ADDRESS 5255 N.W. 87 AVENUE, #400
CITY-ST-ZIP MIAMI FL 33178

TITLE SD ☐ DELETE

NAME SPITZ, SUE
STREET ADDRESS 5255 N.W. 87 AVENUE, #400
CITY-ST-ZIP MIAMI FL 33178

TITLE TD ☐ DELETE

NAME ARANT, KATHY
STREET ADDRESS 5255 N.W. 87 AVENUE, #400
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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: Jose R. Fox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 13, 1998 305.716.0764

Date Daytime Phone #

CR2E037 (5/98)

FILED
Jul 23 1998 8:00am
Secretary of State

