

DOCUMENT # N96000005254

1. Entity Name

THE FLORIDA ALLIANCE FOR QUALITY CARE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90482 041 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
5255 N.W. 87 AVENUE SUITE 440 MIAMI FL 33178
5255 N.W. 87 AVENUE STE 400 MIAMI FL 33178-2100 US

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 65-0719249 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FOX, JOSE R
5255 N.W. 87 AVENUE
STE 400
MIAMI FL 33178

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.

SIGNATURE [Signature] DATE 4-24-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Rows include FOX, JOSE R; BUCHHOLTZ, FRED; SPITZ, SUE; ARRANT, KATHY.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Rows for additional officers/directors.

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] DATE 4-24-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)