

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90025 012 ****61.25

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1. Entity Name
THE FLORIDA ALLIANCE FOR QUALITY CARE, INC.



Principal Place of Business
5255 N.W. 87 AVENUE
STE 400
MIAMI, FL 33178

Mailing Address
5255 N.W. 87 AVENUE
STE 400
MIAMI, FL 33178 US



02182004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0719249	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FOX, JOSE R
5255 N.W. 87 AVENUE
STE 400
MIAMI, FL 33178

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. 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	ARRANT, 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	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/04

Date

Daytime Phone #