

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765560

Entity Name: FLORIDA ASSOCIATION FOR HEALTHCARE QUALITY, INC.**Current Principal Place of Business:**97154 DOUBLOON WAY
YULEE, FL 32097**Current Mailing Address:**97154 DOUBLOON WAY
YULEE, FL 32097-2474 US**FEI Number:** 59-2442549**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORLEY, KIMBERLY
97154 DOUBLOON WAY
YULEE, FL 32097-2474 US*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:** KIMBERLY CORLEY

01/23/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	CORLEY, KIMBERLY
Address	97154 DOUBLOON WAY
City-State-Zip:	YULEE FL 32097-2474
Title	PRESIDENT ELECT
Name	PASTRANA, MICHELLE
Address	12348 GUAVA COURT
City-State-Zip:	JACKSONVILLE FL 32225
Title	DIRECTOR
Name	MORAN, DONNA
Address	12902 MAGNOLIA DRIVE
City-State-Zip:	TAMPA FL 33612
Title	DIRECTOR
Name	SUBARAN, VIVIA
Address	2147 TIGRIS DRIVE
City-State-Zip:	WEST PALM BEACH FL 33411

Title	PRESIDENT
Name	HENDRICKSON, SUSAN
Address	4446-1A HENDRICKS AVENUE SUITE 154
City-State-Zip:	JACKSONVILLE FL 32207
Title	PAST PRESIDENT
Name	CANN, NANCY
Address	9252 SAN JOSE BLVD #3501
City-State-Zip:	JACKSONVILLE FL 32257
Title	DIRECTOR
Name	COOKE, JULIE
Address	1255 FRIDAY ROAD
City-State-Zip:	COCOA FL 32926
Title	SECRETARY
Name	PATEL, NISHA
Address	11913 SW 24TH LANE
City-State-Zip:	GAINESVILLE FL 32608

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIMBERLY CORLEY, MHA, CPHQ

TREASURER

01/23/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GIBBARD, TIMOTHY
Address	P. O. BOX 100343
City-State-Zip:	GAINESVILLE FL 32610-0343