

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765560

Entity Name: FLORIDA ASSOCIATION FOR HEALTHCARE QUALITY, INC.**Current Principal Place of Business:**1018 SAN ANTONIO LANE
THE VILLAGES, FL 32159**Current Mailing Address:**1018 SAN ANTONIO LANE
THE VILLAGES, FL 32159 US**FEI Number:** 59-2442549**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLINEFELTER, KATHRYN B
1018 SAN ANTONIO LANE
THE VILLAGES, FL 32159 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:** KATHRYN CLINEFELTER

07/03/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title T
Name CLINEFELTER, KATHRYN B
Address 1018 SAN ANTONIO LANE
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR
Name WEISS, ALICE
Address 85338 BLACKMON DRIVE
City-State-Zip: YULEE FL 32097

Title PRESIDENT ELECT
Name STADLMUELLER, DIANA
Address 4440 NW 80TH AVE
City-State-Zip: OCALA FL 34482

Title DIRECTOR
Name HARRIS, MONICA
Address 8125 SW 103RD AVE
City-State-Zip: GAINESVILLE FL 32608

Title PAST PRESIDENT
Name MARCARIO, SAMANTHA
Address UNITED HEALTHCARE
2117 CAMP INDIANHEAD RD
City-State-Zip: LAND O'LAKES FL 34639

Title PRESIDENT
Name OLSEN, REBECCA
Address UT - PUBLIC HEALTH
401 W KENNEDY BLVD
City-State-Zip: TAMPA FL 33606

Title SECRETARY
Name CORLEY, KIMBERLY
Address 97154 DOUBLOON WAY
City-State-Zip: YULEE FL 32097

Title DIRECTOR
Name HUTTON, JOAN
Address 1855 BRIDGEPOINTE CIRCLE
STE 23
City-State-Zip: VERO BEACH FL 32967

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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: KATHRYN CLINEFELTER**TREASURER,
REGISTERED AGENT**

07/03/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TEAGUE, WILLIAM
Address 1018 SAN ANTONIO LANE
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR
Name FERRARO, JESSICA
Address 1018 SAN ANTONIO LANE
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR
Name SUTHERLAND, JEREMY
Address 1018 SAN ANTONIO LANE
City-State-Zip: THE VILLAGES FL 32159