

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765560

Entity Name: FLORIDA ASSOCIATION FOR HEALTHCARE QUALITY, INC.**Current Principal Place of Business:**8401 SW 66 STREET
MIAMI, FL 33143**Current Mailing Address:**8401 SW 66 STREET
MIAMI, FL 33143 US**FEI Number:** 59-2442549**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PEREZ, MERCEDES
8401 SW 66 STREET
MIAMI, FL 33143 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:** MERCEDES PEREZ

03/20/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title DIRECTOR
Name SUTHERLAND, JEREMY
Address TAMPA GENERAL HOSPITAL
606 W KENNEDY BLVD
City-State-Zip: TAMPA FL 33612

Title DIRECTOR
Name FERRARO, JESSICA
Address JAMES A. HALEY VETERANS'
HOSPITAL
13000 BRUCE B. DOWNS BLVD 128
City-State-Zip: TAMPA FL 33612

Title TREASURER
Name PEREZ, MERCEDES
Address 8401 SW 66 STREET
City-State-Zip: MIAMI FL 33143

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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**SECRETARY**

03/20/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT ELECT
Name COLLINS, BRIAN
Address 503 OLD TRAIL ROAD
City-State-Zip: DAYTONA BEACH FL 32118

Title DIRECTOR
Name HENDRICKSON, SUSAN
Address 4446-1A HENDRICKS AVENUE
 SUITE 154
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name JORITZ, PAUL
Address 533 WEKIVA STREET
City-State-Zip: THE VILLAGES FL 32163