

2025 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: No****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****01/23/2025**

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	PAST PRESIDENT
Name	SUBARAN, VIVIA
Address	2147 TIGRIS DRIVE
City-State-Zip:	WEST PALM BEACH FL 33411

Title	PRESIDENT
Name	WEISS, SANDY
Address	2300 7TH AVENUE N
City-State-Zip:	ST. PETERSBURG FL 33713

Title	SECRETARY
Name	WOODS, PATRICIA
Address	580 W 8TH STREET TOWER II, STE 8011M T-33 UF HEALTH JACKSONVILLE
City-State-Zip:	JACKSONVILLE FL 32209

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**TREASURER****01/23/2025**

Electronic Signature of Signing Officer/Director Detail

Date