#### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 765560** 

Entity Name: FLORIDA ASSOCIATION FOR HEALTHCARE QUALITY, INC.

FILED
Mar 11, 2019
Secretary of State
9273187611CC

## **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: Yes

#### 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 03/11/2019

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PAST PRESIDENT Title PAST PRESIDENT

Name OLSEN, REBECCA Name STADLMUELLER, DIANA

Address UT - PUBLIC HEALTH Address 4440 NW 80TH AVE

401 W KENNEDY BLVD City-State-Zip: OCALA FL 34482

City-State-Zip: TAMPA FL 33606

Title PRESIDENT Title DIRECTOR

Name CORLEY, KIMBERLY Name HUTTON, JOAN

Address 97154 DOUBLOON WAY Address 1855 BRIDGEPOINTE CIRCLE STE 23

31E 2.

City-State-Zip: YULEE FL 32097 City-State-Zip: VERO BEACH FL 32967

Title DIRECTOR Title DIRECTOR

Name SUTHERLAND, JEREMY Name FERRARO, JESSICA

Address TAMPA GENERAL HOSPITAL Address JAMES A. HALEY VETERANS'

606 W KENNEDY BLVD HOSPITAL

ity-State-Zip: TAMPA FL 33612 13000 BRUCE B. DOWNS BLVD 128

City-State-Zip: TAMPA FL 33612 City-State-Zip: TAMPA FL 33612

Title TREASURER

Name PEREZ, MERCEDES Title DIRECTOR

Address 8401 SW 66 STREET Name HENDRICKSON, SUSAN

Address 4446-1A HENDRICKS AVENUE

City-State-Zip: MIAMI FL 33143 SUITE 154

City-State-Zip: JACKSONVILLE FL 32207

## Continues on page 2

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: MERCEDES PEREZ DE SALAZAR TREASURER 03/11/2019

Electronic Signature of Signing Officer/Director Detail

Date

Date

# Officer/Director Detail Continued:

Title SECRETARY

Name PASTRANA, MICHELLE Address 12348 GUAVA COURT

City-State-Zip: JACKSONVILLE FL 32225