

2022 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****01/18/2022**

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 COOKE, JULIE
Address 1255 FRIDAY ROAD
City-State-Zip: COCOA FL 32926

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 DEXTER, TONNA
Address 2987SUN COAST BLEND DR.
City-State-Zip: ODESSA FL 33556

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

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: KIMBERLY W CORLEY**TREASURER****01/18/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name PATEL, NISHA
Address 11913 SW 24TH LANE
City-State-Zip: GAINESVILLE FL 32608

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