2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2017
Secretary of State
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Entity Name: FLORIDA SOCIETY FOR HEALTHCARE RISK MANAGEMENT AND PATIENT SAFETY, INC.

Current Principal Place of Business:

20351 CHESTNUT GROVE DR.
TAMPA , FL 33647

Current Mailing Address:

20351 CHESTNUT GROVE DR.
TAMPA , FL 33647 US

FEI Number: 46-2275183

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NANNI, KENNETH R
20351 CHESTNUT GROVE DR.
TAMPA, FL 33647 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: KENNETH R NANNI 01/13/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	EXECUTIVE DIRECTOR
Name	NANNI, KENNETH R
Address	22012 SW 95 PL
City-State-Zip:	CUTLER BAY FL 33190

Title	TREASURER
Name	RAMJAS , HARESH
Address	10000 W. COLONIAL DR.
City-State-Zip:	OCOEE FL 34761

Title	SECRETARY
Name	HOOD , JEAN
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	PAST PRESIDENT
Name	PARIS , CAROL
Address	1414 KUHL AVE
City-State-Zip:	ORLANDO FL 32806

Title	PRESIDENT
Name	KELLEY , VIRGINIA
Address	4655 SALISBURY RD.
City-State-Zip:	JACKSONVILLE FL 32256

Title	PRESIDENT ELECT
Name	MEYERS , CORY
Address	841 PRUDENTIAL DRIVE
City-State-Zip:	JACKSONVILLE FL 32207

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: KENNETH R. NANNI EXECUTIVE DIRECTOR 01/13/2017

Electronic Signature of Signing Officer/Director Detail — Date