## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000006228

**Entity Name: FLORIDA ACADEMIC HEALTHCARE PATIENT SAFETY** 

ORGANIZATION INC

**Current Principal Place of Business:** 

3011 SW WILLISTON ROAD GAINESVILLE, FL 32608

**Current Mailing Address:** 

PO BOX 112735

GAINESVILLE, FL 32611 US

FEI Number: 46-3129144 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JENKINS, RANDALL C ESQ. 3011 SW WILLISTON ROAD GAINESVILLE, FL 32608 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: RANDALL C. JENKINS, ESQ. 02/13/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title P Title S

Name JENKINS, RANDALL C Name KAMOUTSAS, RACHEL B ESQ

Address 3011 SW WILLISTON ROAD Address 325 WEST GAINES STREET STE 1614

City-State-Zip: GAINESVILLE FL 32608

City-State-Zip: TALLAHASSEE FL 32399-0400

Title T

Name PORTERO, BRANDY N

Address 3011 SW WILLISTON ROAD

City-State-Zip: GAINESVILLE FL 32608

Name MUNZ, MARY W. ESQ.

Address 3011 SW WILLISTON ROAD

City-State-Zip: GAINESVILLE FL 32608

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: RANDALL C. JENKINS

**PRESIDENT** 

02/13/2024

FILED Feb 13, 2024

**Secretary of State** 

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