

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000006228

FILED
Apr 13, 2015
Secretary of State
CC4265453879

Entity Name: FLORIDA ACADEMIC HEALTHCARE PATIENT SAFETY ORGANIZATION INC

Current Principal Place of Business:

201 SE 2ND STREET,
SUITE 209
GAINESVILLE, FL 32601

Current Mailing Address:

PO BOX 112735
GAINESVILLE, FL 32611

FEI Number: 46-3129144

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COX, PHILLIP M II ESQ
201 SE 2ND AVENUE
SUITE 209
GAINESVILLE, FL 32601 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	JENKINS, RANDALL C
Address	201 SE 2ND STREET, SUITE 209
City-State-Zip:	GAINESVILLE FL 32601
Title	S
Name	SHIRLEY, VIKKI R ESQ
Address	325 WEST GAINES STREET STE 1614
City-State-Zip:	TALLAHASSEE FL 32399-0400

Title	V
Name	COX, PHILLIP M II ESQ
Address	201 SE 2ND STREET, SUITE 209
City-State-Zip:	GAINESVILLE FL 32601
Title	T
Name	MAZZAFERRO, BRANDY N
Address	201 SE 2ND STREET, SUITE 209
City-State-Zip:	GAINESVILLE FL 32601

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: PHILLIP COX

VICE PRESIDENT

04/13/2015

Electronic Signature of Signing Officer/Director Detail

Date