

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L21000406322

**Entity Name:** FLORIDA HEALTH CARE QUALITY PARTNERS, LLC

**Current Principal Place of Business:**

1201 L ST NW  
WASHINGTON, DC 20005

**Current Mailing Address:**

1201 L ST NW  
WASHINGTON, DC 20005 UN

**FEI Number: 87-2994515**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REED, J. E  
307 W. PARK AVE  
TALLAHASSEE, FL 32301 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:** J. EMMETT REED

10/19/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE  
Name COLGAN, KATIE  
Address 1201 L ST NW  
City-State-Zip: WASHINGTON 20005

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATIE COLGAN

**AUTHORIZED  
REPRESENTATIVE**

10/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date