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Florida Department of State

Minority Appointmen	t Reporting Form	for Calendar Year 2022
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(Section 760.80, Florida Statutes - Form due NLT December 1, 2023)

To submit by email to the Department of State, send as a .pdf attachment to: <u>MinorityReports@dos.myflorida.com</u> Department of State, The R. A. Gray Building, Room 316, 500 South Bronough Street, Tallahassee, FL 32399-0250

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Appointing Authority:* Executive Director of the Department of Highway Safety and Motor Vehic				enicies			
Contact Person:	3	Chief, Bureau of De	aler Services	Address:	2900 Apalach		
Phone:	850-617-3	3171	c	ity/State/Zip:	Tallahassee,	FL 32399	
Entity (Name of Board, Co	ommission, Coun	cil, or Committee)	Automo	bile Dealers	s Industry Advis	sory Board	
Does this entity ha	ve multiple	appointing a	uthoritie	s? Yes	🗌 No 🔳		
(Note: This figure is th	The entity's total membership as of 12/31/22, regardless of appointing authority: <u>11</u> (Note: This figure is the denominator to be used in calculating percentages below; the numerator for calculating the percentages is the number in the second column, <i>i.e.</i> , "Total membership as of 12/31/22".)						
Race	Appointed by Authority* in 2022, only	Total Race Membership as of 12/31/22	%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%
African-American	1	1	9.09	Male	0	10	90.91
Asian-American	0	0	0.00	Female	1	1	9.09
Hispanic-American	0	0	0.00	Not Knowi	n <u>0</u>	0	0.00
Native-American	0	0	0.00	Total	1		
Caucasian	0	9	81.82	Disabilit	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%
Not Known	0	1	9.09	Dhuningthe	11 2022, Only	as 01 12/31/22	
Total	1			Physically Disabled	0	0	0.00
*Figures are to refle	ect appointme	ents made onl	y by this	Appointing A	uthority. Please	complete all se	ections.
Entity (Name of Board, C	ommission, Coun	cil, or Committ ee) :					
Does this entity ha	ve multiple	appointing a	uthoritie	es? Yes	□ No □		
The entity's total mer (Note: This figure is th percentages is the nur	e denominato	or to be used in	calculatin	g percentages	below; the numer	ator for calculat	ing the
Race	Appointed by Authority* in 2022, only	Total Race Membership as of 12/31/22	%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%
African-American				Male			
Asian-American				Female			
Hispanic-American				Not Know	n		
Native-American				Total			
Caucasian				Disabilit	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%
Not Known				Dhuni II	,,		
Total				Physically Disabled			
*Figures are to reflect appointments made only by this Appointing Authority. Please complete all sections.							

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Florida Department of State							
Minority Appointment Reporting Form for Calendar Year 2022							
	(Section 760.80, Florida Statutes – Form due NLT December 1, 2023)						
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Appointing Author	Appointing Authority:* Cabinet based on recommendations of the Executive Director of FLHSMV						
Contact Person:	William R. Gra	ives, Chief, Motor		Audiess.		nee Parkway	
Phone:	850-617-2	2529	C	ity/State/Zip: _	Tallahassee,	FL 32399	
Entity (Name of Board, C	ommission, Cound	cil, or Committee):	Medica	I Advisory Bo	bard		
Does this entity ha	ve multiple	appointing a	uthoritie	s? Yes [No 🔳		
The entity's total membership as of 12/31/22, regardless of appointing authority: 13 (Note: This figure is the denominator to be used in calculating percentages below; the numerator for calculating the percentages is the number in the second column, <i>i.e.</i> , "Total membership as of 12/31/22".)							
Race	Appointed by Authority* in 2022, only	Total Race Membership as of 12/31/22	%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%
African-American	0	0	0.00	Male	0	10	76.92
Asian-American	0	4	30.77	Female	1	3	23.08
Hispanic-American	0	1	7.69	Not Known	0	0	0.00
Native-American	0	0	0.00	Total	0		
Caucasian	1	8	61.54	Disability	Appointed by Authority* in 2022, only	Membership	%
Not Known	0	0	0.00				
Total	1			Physically Disabled	0	0	0.00
*Figures are to refle	ect appointm	ents made on	ly by this	Appointing Au	thority. Please	complete all se	ections.
Entity (Name of Board, C	ommission, Coun	cil, or Committee) :					
Does this entity ha	ve multiple	appointing a	authoritie	es? Yes [□ No □		
The entity's total membership as of 12/31/22, regardless of appointing authority:							
Race	Appointed by Authority* in 2022, only	Total Race Membership as of 12/31/22	%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%
African-American				Male			
Asian-American				Female			
Hispanic-American				Not Known			
Native-American				Total			
Caucasian				Disability	Appointed by Authority* in 2022, only	Membership	%
Not Known				Dhuaisellu			
Total				Physically Disabled	c		
*Figures are to reflect appointments made only by this Appointing Authority. Please complete all sections.							