

# REPORT OF MINORITY AND PHYSICALLY DISABLED APPOINTMENTS

## ANNUAL REPORT 2022

December 2023

Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD State Surgeon General

#### Annual Report for Minority Appointments to Boards, Commissions, Councils or Committees as of December 31, 2022

				RAC		er 31, 2022			GENI	DER	DISABILITY
	TOTAL	African	Asian	Hispanic	Native		NI	1.			Physically
SUMMARY - TOTAL MEMBERSHIP	381	Americans 23	Americans 15	Americans 33	Americans 1	303	Not Known	Male 184	Female 197	Not Known 0	Disabled 11
Total Appointments as of 12/31/22		6.0%	3.9%	8.7%	0.3%	79.5%	1.6%	48.3%	51.7%	0.0%	2.9%
Name of Board, Council or Committee				RAC	E				GENI	DER	DISABILITY
	Total Membership as of 12/31/2022	African American	Asian American	Hispanic American	Native American	Caucasian	Not Known (Other)	Male	Female	Not Known	Physically Disabled
Advisory Council on Radiation Protection	12	0	0	1	0	11	0	7	5	0	0
Alzheimer's Disease Research Grant Advisory Board	10	1	3	1	0	4	1	3	7	0	0
Biomedical Research Advisory											
Council	7	0	0	2	0	4	1	6	1	0	0
Board of Acupuncture	4	0	0	0	0	4	0	0	4	0	0
Board of Athletic Training	8	11	0	0	0	7	0	6	2	0	0
Board of Chiropractic Medicine	7	0	0	1	0	6	0	6	1	0	0
Board of Clinical Laboratory Personnel	5	1	0	1	0	3	0	0	5	0	0
Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling	7	0	0	3	0	4	0	2	5	0	0
Board of Dentistry	<b>10</b>	0	0 .	4	0	6	0	7	3	0	0
Board of Hearing Aid Specialists	5	0	0	0	0	5	0	3	2	0	0
Board of Massage Therapy	5	0	0	0	0	5	0	2	3	0	0
Board of Medicine	15	0	2	4	0	9	0	10	5	0	1
Board of Nursing	11	0	1	2	0	8	0	2	9	0	0
Board of Nursing Home Administrators	6	1	0	0	0	5	0	3	3	0	0
Board of Occupational Therapy Practice	4	1	0	0	0	3	0	1	3	0	0
Board of Opticianry	4	0	0	0	0	4	0	2	2	0	0
Board of Optometry	7	0	0	0	0	7	0	5	2	0	0
Board of Orthotists and Prosthetists	4	0	0	0	0	4	0	3	1	0	1
Board of Osteopathic Medicine	7	0	0	1	0	6	0	4	3	0	0
Board of Pharmacy	9	0	1	2	0	6	0	5	4	0	0
Board of Physical Therapy Practice	4	0	0	0	0	4	0	3	1	0	0
Board of Podiatric Medicine	6	0	0	0	0	6	0	6	0	0	0
Board of Psychology	5	0	0	1	0	4	0	0	5	0	0
Board of Respiratory Care	5	1	0	1	0	3	0	3	2	0	0
Board of Speech-Language Pathology and Audiology	5	0	0	1	0	4	0	2	3	0	1
Brain and Spinal Cord Injury Advisory Council	15	0	0	1	0	12	2	7	8	0	4
Council of Licensed Midwifery	5	0	0	0	0	5	0	1	4	0	0

Name of Board, Council or Committee				RAC	E				GENI	DER	DISABILITY
	Total Membership as of 12/31/2022	African American	Asian American	Hispanic American	Native American	Caucasian	Not Known (Other)	Male	Female	Not Known	Physically Disabled
Council of Physician Assistants	3	0	0	1	0	2	0	1	2	0	0
Diabetes Advisory Council	6	0	0	0	0	6	0	4	2	0	0
Dietetics and Nutrition Practice Council	5	1	0	0	0	4	0	0	5	0	0
Electrolysis Council	4	0	0	2	0	2	0	0	4	0	0
Emergency Medical Services Advisory Council	14	0	0	1	0	13	0	10	4	0	0
Emergency Medical Services for Children Advisory Committee	5	1	0	0	0	4	0	1	4	0	0
Environmental Health Professionals Advisory Board	4	1	1	0	0	2	0	4	0	0	0
Florida Coordinating Council for the Deaf and Hard of Hearing	8	2	0	0	0	6	0	3	5	0	4
Florida Interagency Coordinating Council for Infants and Toddlers	6	0	0	0	0	6	0	1	5	0	0
Florida KidCare Coordinating Council	8	1	0	0	0	7	0	2	6	0	0
Florida Trauma System Advisory Council	4	0	1	0	0	3	0	3	1	0	0
Genetics and Newborn Screening Advisory Council	13	0	0	0	0	13	0	6	7	0	0
Information Clearinghouse on Developmental Disabilities Advisory Council	7	0	0	0	0	7	0	1	6	0	0
Institutional Review Board I	6	2	0	0	0	4	0	1	5	0	0
Institutional Review Board II	7	1	0	1	0	5	0	1	6	0	0
Physician Workforce Advisory Council	17	2	3	0	0	12	0	10	7	0	0
Public Swimming Pool and Bathing Place Advisory Review Board	6	0	0	0	0	6	0	6	0	0	0
Rare Disease Advisory Council	16	0				40			40		
State Child Abuse Death Review Committee	16 17	2	0	0	0	13	0	6	10	0	0
Statewide Drug Policy Advisory Council	20	3	0	1	0	13	0	2 17	<u>15</u> 3	0	0
Tobacco Education and Use Prevention Advisory Council	13	1	0	0	0	10	2	6	7	0	0
TOTAL	381	23	15	33	1	303	6	184	197	0	11

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Rare Disease Advisory Council	11
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Florida Trauma System Advisory Council	20
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Board of Acupuncture	21
Board of Athletic Training	21
Board of Chiropractic Medicine	22
Board of Clinical Laboratory Personnel	22
Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling	23
Board of Dentistry	23
Board of Hearing Aid Specialists	24
Board of Massage Therapy	24
Board of Medicine	25
Board of Nursing	25
Board of Nursing Home Administrators	26
Board of Occupational Therapy Practice	26
Board of Opticianry	27
Board of Optometry	27
Board of Orthotists and Prosthetists	28
Board of Osteopathic Medicine	28
Board of Pharmacy	29
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#### DIVISION OF CHILDREN'S MEDICAL SERVICES

REPORTS OF MINORITY AND PHYSICALLY DISABLED APPOINTMENTS

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(Section 760.80, Florida Statutes – Form due NLT December 1, 2023)

Department of S	State, The R.	A. Gray Building, Roo	om 316, 500	South Bronough	Street, Tallahassee, F	L 32399-0250	
Appointing Authori	ty:* Gov	ernor					
Contact Person:	Emily K	eeney		_ Address:	4052 Bald Cyp	ress Way, Bi	n A-06
Phone:	850-841	I-8624	с	ity/State/Zip:	Tallahassee,	Florida 3239	9
Entity (Name of Board, Co	ommission, Co	ouncil, or Committee):	Florida lı	nteragency Coc	ordinating Council f	or Infants and To	oddlers ———
Does this entity have	ve multip	le appointing a	uthoritie	s? Yes	□ No ■		
The entity's total mem (Note: This figure is the percentages is the num	e denomina ber in the s	ator to be used in a second column, <i>i.e</i>	calculating	g percentages	below; the numera s of 12/31/22".)		ng the
Race	Appointed b Authority* ir 2022, only	n Membership	%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%
African-American	0	0	0	Male	0	1	16.67
Asian-American	0	<u>0</u>	0	Female	0	5	83.33
Hispanic-American	0	0	0	Not Knowr	n <u>0</u>	0	0
Native-American	0	0	0	Total	0		
Caucasian	0	6	100	Disability	Appointed by  Authority*  in 2022, only	Total Disability Membership as of 12/31/22	%
Not Known	0	0	0		<b>,</b>		
Total	0			Physically Disabled	0	0	0
*Figures are to refle	ct appoint	ments made only	y by this	Appointing A	uthority. Please	complete all se	ctions.
Entity (Name of Board, Co	mmission, Co	ouncil, or Committee):					
Does this entity have	e multipl	le appointing a	uthoritie	s? Yes	□ No □		
The entity's total mem (Note: This figure is the percentages is the num	e denomina	ator to be used in	calculating	g percentages	below; the numera	ator for calculati	ng the
Race	Appointed by Authority* in 2022, only	n Membership	%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%
African-American				Male			
Asian-American				Female			
Hispanic-American				Not Knowr	ı		
Native-American				Total			
Caucasian				Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%
Not Known					,		
Total				Physically Disabled		<del>-,</del>	
*Figures are to refle	ct appoint	ments made only	by this	Appointing Au	uthority. Please	complete all se	ctions.

(Section 760.80, Florida Statutes – Form due NLT December 1, 2023)

•							
Appointing Authori			Health	<u> </u>			
Contact Person:	Andrea	Gary		_ Address:	2020 Capital	Circle South	east
Phone:	(850) 841	-8730	с	ity/State/Zip:	Tallahassee,	Florida 3239	9
			Florida	. KidCara (	Caardinatina	Carrail	
Entity (Name of Board, Co	·	,	•		Coordinating	Council	
Does this entity have	ve multiple	appointing a	uthoritie	s? Yes	☐ No ■	ı	
The entity's total men (Note: This figure is the	e denominator	r to be used in	calculating	g percentages	below; the numer	ator for calculati	ng the
percentages is the num			e., "Iotal	membersnip a		T-1-1-01	
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	1	12.5	Male	0	2	25
Asian-American	0	0	0	Female	0	6	<u>75                                    </u>
Hispanic-American	0	0	0	Not Knowr	n <u>0</u>	0	0
Native-American	0	0	0	Total	0		
Caucasian	0	7	87.5	Disability		Membership	%
Not Known	0	0	0		in 2022, only	as of 12/31/22	
Total	0			Physically Disabled	0	0	0
*Figures are to refle	ct appointme	ents made onl	y by this	Appointing A	uthority. Please	complete all se	ections.
Entity (Name of Board, Co	ommission, Counc	cil, or Committee):					
Does this entity hav	ve multiple :	appointing a	uthoritie	s? Yes	□ No □		
The entity's total men (Note: This figure is the percentages is the num	e denominato	r to be used in	calculating	g percentages	below; the numer	ator for calculati	ng 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 Knowr	ı		
Native-American				Total			
Caucasian				Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%
Not Known				Dhom: II-	at 2022, Othy	40 0. 120 1122	
Total				Physically Disabled			
*Figures are to refle	ct appointme	ents made onl	y by this	Appointing A	uthority. Please	complete all se	ctions.

(Section 760.80, Florida Statutes – Form due NLT December 1, 2023)

Appointing Authori	ty:* State	Surgeon Ge	neral				
Contact Person:	Emily Re			_ Address:	2020 Capital 0	Circle, Room	380 B
Phone:	850-841-	8651	с	ity/State/Zip:	Tallahassee,	Florida 3239	9
				· 			
Entity (Name of Board, Co	ommission, Cour	cil, or Committee):	Genetic	s and Newbo	orn Screening A	dvisory Counc	cil
Does this entity hav	ve multiple	appointing a	uthoritie	s? Yes	☐ No ■		
The entity's total mem (Note: This figure is the						ator for calculati	ng the
percentages is the num						ator for calculati	ng 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	0	0	0	Male	0	6	46.2
Asian-American	0	0	0	Female	0	7	53.8
Hispanic-American	0	0	0	Not Knowr	n <u>0</u>	0	0
Native-American	0	0	0	Total	<u> </u>		
Caucasian	0	13	100	Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%
Not Known	0	0	0		•		
Total	0			Physically Disabled	0	0	0
*Figures are to refle	ct appointm	ents made onl	y by this	Appointing A	uthority. Please	complete all se	ections.
Entity (Name of Board, Co	ommission, Cour	icil, or Committee):					
Does this entity hav	ve multiple	appointing a	uthoritie	s? Yes	☐ No ☐		
The entity's total men (Note: This figure is the percentages is the num	e denominato	or to be used in	calculatin	g percentages	below; the numera	ator for calculati	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			<u></u>	Male			
Asian-American				Female			
Hispanic-American				Not Knowr	ı		
Native-American				Total			
Caucasian		-		Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%
Not Known					, <b>,</b>		
Total	····			Physically Disabled			
*Figures are to refle	ct appointm	ents made onl	y by this	Appointing A	uthority. Please	complete all se	ections.

(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: MinorityReports@dos.myflorida.com
Department of State, The R. A. Gray Building, Room 316, 500 South Bronough Street, Tallahassee, FL 32399-0250

						*****	
Appointing Authori	ty:* Dept. of Health,	Dept. of Legal Affairs, Dept. of Ch	hildren and Families, I	Dept. of Education, Dept. of Lav	w Enforcement, Florida Prosecuting Atte	orney Assoc., FL Medical Examine	ers Commission
Contact Person:	Joshua	G. Thoma	IS	Address:	4052 Bald Cyp	oress Way, Bi	n A-06
Phone:	(850) 84	11-8496	с	ity/State/Zip:	Tallahassee,	Florida 3239	9
Entity (Name of Board, Co	ommission, Cour	ncil, or Committee):	State C	hild Abuse D	eath Review Co	mmittee	
Does this entity hav	ve multiple	appointing a	uthoritie	s? Yes	■ No □		
The entity's total mem (Note: This figure is the percentages is the num	e denominato	or to be used in	calculating	percentages	below; the numera	ator for calculati	ng 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	0	2	11.77	Male	0	2	11.76
Asian-American	0	0	0	Female	5	<u>15                                    </u>	88.24
Hispanic-American	0	1	5.88	Not Knowr		0	0
Native-American	<u>0</u> 5	1	5.88	Total	5		
Caucasian	5	13	76.47	Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%
Not Known	0	0	0		111 2022, Olly	as of 12101122	
Total	5			Physically Disabled	0	0	0
*Figures are to refle	ct appointm	ents made only	y by this A	Appointing Αι	uthority. Please	complete all se	ctions.
Entity (Name of Board, Co	ommission, Cour	cil, or Committee):					
Does this entity have	e multiple	appointing a	uthoritie	s? Yes	☐ No ☐		
The entity's total mem (Note: This figure is the percentages is the num	e denominato	or to be used in	calculating	percentages	below; the numera	ator for calculati	ng 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 Known	ı		
Native-American				Total			
Caucasian				Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%
Not Known				DI ' "	Lozz, omy		
Total				Physically Disabled			
*Figures are to refle	ct appointm	ents made only	by this i	Appointing Aι	thority. Please	complete all se	ctions.



# DIVISION OF COMMUNITY HEALTH PROMOTION

REPORTS OF MINORITY AND PHYSICALLY DISABLED APPOINTMENTS

(Section 760.80, Florida Statutes – Form due NLT December 1, 2023)

	Ctoto (		noral		
Appointing Author			nerai		4005 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Contact Person:				Address:	
Phone:	850-558-9	0628	с	ity/State/Zip:	Tallahassee, Florida 32399-1719
Entity (Name of Board, C	ommission, Counc	cil, or Committee):	Alzhei	mer's Diseas	se Research Grant Advisory Board
Does this entity ha	ve multiple a	appointing a	uthoritie	s? Yes	□ No ■
The entity's total men (Note: This figure is the percentages is the num	e denominator ber in the sec	to be used in cond column, i.e.	calculating	g percentages	below; the numerator for calculating the as of 12/31/22".)
Race	Appointed by Authority* in 2022, only	Total Race Membership as of 12/31/22	%	Gender	Appointed Total Gender by Authority* Membership as % in 2022, only of 12/31/22
African-American	0	1	10	Male	0 3 30
Asian-American	0	3	30	Female	0 7 70
Hispanic-American	0	1	10	Not Know	n <u>0 0 0</u>
Native-American	0	0	0	Total	0
Caucasian	0	4	40	Disabilit	Appointed by Total Disability Y Authority* Membership % in 2022, only as of 12/31/22
Not Known	0	1	10	Dhusiaallu	111 2022, 011y as 01 120 1122
Total	0			Physically Disabled	0 0 0
*Figures are to refle	ect appointme	ents made onl	y by this	Appointing A	uthority. Please complete all sections.
Entity (Name of Board, C	ommission, Counc	cil, or Committee):			
Does this entity ha	ve multiple a	appointing a	uthoritie	s? Yes	□ No □
The entity's total mer (Note: This figure is th percentages is the nun	e denominato	r to be used in	calculatin	g percentages	below; the numerator for calculating the
Race	Appointed by Authority* in 2022, only	Total Race Membership as of 12/31/22	%	Gender	Appointed Total Gender by Authority* Membership as % in 2022, only of 12/31/22
African-American				Male	
Asian-American				Female	
Hispanic-American				Not Know	n
Native-American				Total	
Caucasian				Disabilit	Appointed by Total Disability Y Authority* Membership % in 2022, only as of 12/31/22
Not Known					
Total				Physically Disabled	<u> </u>
*Figures are to refle	ect appointme	ents made onl	y by this	Appointing A	uthority. Please complete all sections.

(Section 760.80, Florida Statutes – Form due NLT December 1, 2023)

Appointing Author	Senate	e. House of	Repres	entatives a	nd Governor		
	Christina		. торгоо		4025 Esplana	ade Wav	
Contact Person: Phone:	(850) 901			_ Address.	Tallahassee,		99
Pnone:	(000)			ity/State/Zip:	,		
Entity (Name of Board, Co	ommission, Counc	cil, or Committee):	Biomed	lical Researcl	n Advisory Cou	ncil	
Does this entity ha	ve multiple	appointing a	uthoritie	s? Yes	■ No □		
The entity's total men (Note: This figure is the percentages is the num	e denominato	r to be used in	calculating	g percentages l	below; the numer	ator for calculati	ng 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	0	0	0	Male	1	6	85.7
Asian-American	0	0	0	Female	0	1	14.3
Hispanic-American	1	2	28.6	Not Known	0	0	0
Native-American	0	0	0	Total	1		
Caucasian	0	4	<u>57.1</u>	Disability	Appointed by Authority* in 2022, only	Membership	%
Not Known	0	1	14.3	Diamaia alla	,		
Total	1			Physically Disabled	0	0	0
*Figures are to refle	ct appointme	ents made onl	y by this	Appointing Aι	ıthority. Please	complete all se	ections.
Entity (Name of Board, Co	ommission, Counc	cil, or Committee):					
Does this entity ha	ve multiple	appointing a	uthoritie	s? Yes	□ No □		
The entity's total men (Note: This figure is the percentages is the num	e denominato	r to be used in	calculating	g percentages	below; the nume	rator 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 Known			
Native-American				Total			
Caucasian				Disability	Appointed by Authority* in 2022, only	Membership	%
Not Known				Physically	, <b>,</b>		
Total				Disabled			
*Figures are to refle	ct appointme	ents made onl	y by this	Appointing Au	thority. Please	complete all se	ections.

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(Section 760.80, Florida Statutes - Form due NLT December 1, 2023)

Appointing Author	ity:* Ron	DeSantis, Go	overnor	of Florida				
Contact Person:	Jennifer	Roberts		Address:	4052 Bald Cy	oress Way, Bi	n A-18	
Phone:	850-558	850-558-9565 cit		ity/State/Zip:	Tallahassee,	Tallahassee, Florida 32311		
Entity (Name of Board, Co	ommission, Cou	uncil, or Committee):	Diabete	s Advisory C	Council			
Does this entity ha	ve multiple	e appointing a	uthoritie	s? Yes	☐ No ■			
The entity's total membership as of 12/31/22, regardless of appointing authority: 6 (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		%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%	
African-American	0	0	0	Male	0	4	66.7	
Asian-American	0	0	0	Female	0	2	33.3	
Hispanic-American	0	0	0	Not Knowr	n <u>0</u>	0	0	
Native-American	0	0	0	Total	0			
Caucasian	0	6	100	Disability	Appointed by Authority* in 2022, only	Membership	%	
Not Known	0	0	0	Dhariasti	III ZOZZ, ONIY	43 01 12/01/22		
Total	0			Physically Disabled	0	0	0	
*Figures are to refle	ct appointr	nents made onl	ly by this	Appointing A	uthority. Please	complete all se	ctions.	
Entity (Name of Board, Co	ommission, Cou	ıncil, or Committee):						
Does this entity ha	ve multiple	e appointing a	uthoritie	s? Yes	□ No □			
The entity's total men (Note: This figure is th percentages is the num	e denomina	tor to be used in	calculating	percentages	below; the numer	ator for calculati	ng 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 Knowr	ı			
Native-American				Total				
Caucasian				Disability	Appointed by Authority* in 2022, only	Membership	%	
Not Known					,,			
Total				Physically Disabled	***************************************	<u>.</u>		
*Figures are to refle	ct appointr	nents made oni	y by this	Appointing A	uthority. Please	complete all se	ctions.	

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(Section 760.80, Florida Statutes – Form due NLT December 1, 2023)

•								
Appointing Authori	ity:* Gove	rnor						
Contact Person:	Anna Sin	nmons		_ Address:	4052 Bald Cyp	oress Way, Bi	n A-13	
Phone:	850-558-		с	ity/State/Zip:	Tallahassee,	Tallahassee, Florida 32399		
Entity (Name of Board, Co	amminoian Cour	neil or Committee)*	Florida (	Coordinating C	Council for the Dea	af and Hard of H	learing	
Does this entity ha	•	•						
The entity's total men (Note: This figure is the percentages is the num	nbership as e denominato aber in the se	of 12/31/22, regor to be used in cond column, i.	gardless o	of appointing g percentages	authority: 8 below; the numerals of 12/31/22".)		ng 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	0	2	25	Male	0	3	37.5	
Asian-American	0	0	0	Female	0	5	62.5	
Hispanic-American	0	0	0	Not Knowi	n <u>0</u>	0	0	
Native-American	0	0	0	Total	0			
Caucasian	0	6	75	Disabilit	Appointed by  Authority* in 2022, only	Total Disability Membership as of 12/31/22	%	
Not Known	0	0	0	Dhusiaallu	iii 2022, Oilly	4301 12101122		
Total	0			Physically Disabled	0	4	50	
*Figures are to refle	ct appointm	ents made onl	y by this	Appointing A	uthority. Please	complete all se	ctions.	
Entity (Name of Board, Co	ommission, Cour	ncil, or Committee):						
Does this entity ha	ve multiple	appointing a	uthoritie	s? Yes	□ No □			
The entity's total men (Note: This figure is the percentages is the num	e denominato	or to be used in	calculating	g percentages	below; the numer	ator for calculati	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 Knowi	n			
Native-American				Total				
Caucasian				Disability	Appointed by Y Authority* in 2022, only	Total Disability Membership as of 12/31/22	%	
Not Known	•							
Total				Physically Disabled				
*Figures are to refle	ct appointm	ents made onl	y by this	Appointing A	uthority. Please	complete all se	ctions.	

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(Section 760.80, Florida Statutes – Form due NLT December 1, 2023)

Department of Oute, The N. A. Gray Bullaning, Nooth Offe, 500 Gould Distribugh Globel, Fallania 3566, F. E. 02003-0250							
Appointing Authority:* Governor, President of the Senate, Speaker of the House of Representatives							
Contact Person:	Tara Co	ockman		_ Address:	4052 Bald Cyp	ress Way, Bi	n A-13
Phone:	(850) 24	15-4468	с	ity/State/Zip:	Tallahassee,	Florida 3239	9
Entity (Name of Board, Commission, Council, or Committee): Information Clearinghouse on Developmental Disabilities Advisory Council							
Does this entity hav	e multipl	e appointing a	uthoritie	s? Yes	■ No □		
The entity's total membership as of 12/31/22, regardless of appointing authority: 7  (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".)						ng the	
Race	Appointed b Authority* ir 2022, only		%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%
African-American	0	0	0	Male	1	1	14.3
Asian-American	0	0	0	Female	1	6	85.7
Hispanic-American	0	0	0	Not Knowr		0	0
Native-American	0	0	0	Total	2		
Caucasian	2	7	100	Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%
Not Known	0	0	0		111 2022, 011ly	45 57 125 1122	
Total	2			Physically Disabled	0	0	0
*Figures are to refle	ct appoint	ments made only	y by this .	Appointing A	uthority. Please	complete all se	ctions.
Entity (Name of Board, Co	mmission, Co	uncil, or Committee):					
Does this entity have	e multipl	e appointing a	uthoritie	s? Yes	□ No □		
The entity's total mem (Note: This figure is the percentages is the num	e denomina	ntor to be used in	calculating	g percentages	below; the numera	ator for calculati	ng the
Race	Appointed by Authority* in 2022, only		%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%
African-American				Male			
Asian-American				Female			
Hispanic-American				Not Knowr	n		
Native-American	para.			Total			
Caucasian				Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%
Not Known					<u>-</u> ,,		
Total				Physically Disabled			
*Figures are to refle	ct appoint	ments made only	y by this	Appointing Au	uthority. Please	complete all se	ctions.

(Section 760.80, Florida Statutes – Form due NLT December 1, 2023)

Department of State, The R. A. Gray Building, Room 316, 500 South Bronough Street, Tallahassee, FL 32399-0250							
Appointing Authori	ty:* Surg	geon General					
Contact Person:	Marcia	Forbes		Address:	4025 Esplana	ide Way	
Phone:	850-245	5-4603	с	ity/State/Zip:	Tallahassee,	Florida 3231	1
Entity (Name of Board, Commission, Council, or Committee): Institutional Review Board I							
Does this entity have			uthoritie	s? Yes	☐ No ■		
The entity's total mem (Note: This figure is the percentages is the num	e denomina ber in the s	ator to be used in o second column, i.e	calculating	percentages	below; the numera	ator for calculati	ng the
Race	Appointed by Authority* in 2022, only		%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%
African-American	0	2	33.33	Male	0	1	16.67
Asian-American	0	0	0	Female	0	5	83.33
Hispanic-American	0	0	0	Not Knowr	0	0	0
Native-American	0	0	0	Total	0		
Caucasian	0	4	66.67	Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%
Not Known	0	0	0		2322, 31ny	40 01 120 1122	
Total	0			Physically Disabled	0	0	0
*Figures are to refle	ct appoint	ments made only	by this	Appointing Aι	uthority. Please	complete all se	ctions.
Entity (Name of Board, Co	mmission, Co	uncil, or Committee):	Institutio	onal Review I	Board II		
Does this entity have	e multipl	e appointing aւ	ıthoritie	s? Yes	☐ No ■		
The entity's total mem (Note: This figure is the percentages is the num	e denomina	tor to be used in o	calculating	g percentages	below; the numera	ator for calculati	ng the
Race	Appointed by Authority* in 2022, only		%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%
African-American	0	1	14.29	Male	0	1	14.29
Asian-American	0	0	0	Female	0	6	85.71
Hispanic-American	0	1	14.29	Not Known	0	0	0
Native-American	0	0	0	Total	0		
Caucasian	0	5	71.42	Disability	Appointed by Authority*	Total Disability Membership	%
Not Known	0	0	0		in 2022, only	as of 12/31/22	
Total	0			Physically Disabled	0	0	0
*Figures are to refle	ct appoint	ments made only	by this	Appointing Au	ithority. Please	complete all se	ctions.

(Section 760.80, Florida Statutes – Form due NLT December 1, 2023)

		,g,			- Cu Coo, Tunanacco, T		
Appointing Authori	ty:* Gove	rnor, President	of the S	enate, Spea	ker of the House	of Represen	tatives
Contact Person:	Jon Con	ley		_ Address:	4025 Esplanad	le Way, Suite	: 120M
Phone:	(850) 61	7-1439	с		Tallahassee,		
Fnfity (Name of Roard Commission Council or Commission). Rare Disease Advisory Council							
Entity (Name of Board, Co	ommission, Cou	ıncil, or Committee):	Rare D	isease Advis	ory Council		
Does this entity have	ve multiple	e appointing a	uthoritie	s? Yes	No 🗌		
The entity's total mem (Note: This figure is the percentages is the num	e denominate ber in the se	or to be used in econd column, i.e	calculating	g percentages	below; the numera	ator for calculation	ng 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	0	0	0	Male	1	6	37.5
Asian-American	0	3	18.75	Female	0	10	62.5
Hispanic-American	0	0	0	Not Knowr	0	0	0
Native-American	0	0	0	Total	1		
Caucasian	1	13	81.25	Disability		Total Disability Membership as of 12/31/22	%
Not Known	0	0	0	Discolor	in 2022, only	as or 12/31/22	
Total	1			Physically Disabled	0	0	0
*Figures are to refle	ct appointn	nents made only	y by this	Appointing A	uthority. Please	complete all se	ctions.
Entity (Name of Board, Co	mmission, Cou	incil, or Committee):					
Does this entity have	e multiple	e appointing a	uthoritie	s? Yes	□ No □		
The entity's total mem (Note: This figure is the percentages is the num	e denominat	tor to be used in	calculating	g percentages	below; the numera	ator for calculati	ng 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 Knowr	ı		
Native-American				Total			
Caucasian				Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%
Not Known					ni 2022, 0fily	as 01 12131122	
Total				Physically Disabled			
*Figures are to refle	ct appointn	nents made only	by this	Appointing Au	uthority. Please	complete all se	ctions.

(Section 760.80, Florida Statutes – Form due NLT December 1, 2023)

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Department of State, The R. A. Gray Building, Room 316, 500 South Bronough Street, Tallahassee, FL 32399-0250

					- 4			
Appointing Authori	ty:* Gove	rnor, House	Speake	r, Senate P	resident, Chie	f Justice		
Contact Person:	Jon Conl	еу		_ Address:	4025 Esplanad	de Way, Suite	120M	
Phone:	(850) 617	7-1439	с	ity/State/Zip:	Tallahassee,	Florida 3239	19	
Entity (Name of Board, Co	Entity (Name of Board, Commission, Council, or Committee): Statewide Drug Policy Advisory Council							
Does this entity hav	•		uthoritie	s? Yes	■ No □			
The entity's total mem (Note: This figure is the percentages is the num	e denominato	or to be used in	calculating	g percentages	below; the numera	ator for calculati	ng 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	0	3	15	Male	1	17	85	
Asian-American	0	0	0	Female	0	3	15	
Hispanic-American	0	1	5	Not Knowr	0	0	0	
Native-American	0	0	0	Total	1			
Caucasian	1	16	80	Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%	
Not Known	0	0	0		111 2022, Offiny	43 01 12/01/22		
Total	1			Physically Disabled	0	0	0	
*Figures are to refle	ct appointm	ents made onl	y by this	Appointing A	uthority. Please	complete all se	ctions.	
Entity (Name of Board, Co	mmission, Coun	ncil, or Committee):						
Does this entity have	e multiple	appointing a	uthoritie	s? Yes	□ No □			
The entity's total mem (Note: This figure is the percentages is the num	e denominato	or to be used in	calculating	g percentages	below; the numera	ator for calculati	ng 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 Knowr	ı			
Native-American				Total				
Caucasian				Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%	
Not Known					1 2022, OHIY	45 5, 12/5/1/22		
Total				Physically Disabled				
*Figures are to refle	ct appointm	ents made only	y by this i	Appointing Au	uthority. Please	complete all se	ctions.	

(Section 760.80, Florida Statutes – Form due NLT December 1, 2023)

Appointing Authori	ity:* Florida	a Legislature	e (Sena	te and Hous	se)		
Contact Person:	Tera And	erson/Laura	Corbin	_ Address:	4052 Bald Cyp	oress Way, Bi	n C-23
Phone:	850-617-	1945	с	ity/State/Zip:	Tallahassee,	Florida 3239	9
Entity (Name of Board, Commission, Council, or Committee): Tobacco Education and Use Prevention Advisory Council							
Entity (Name of Board, Co	ommission, Coun	cil, or Committee):	Tobacc	o Education a	and Use Prevent	ion Advisory C	ouncil
Does this entity have	ve multiple	appointing a	uthoritie	s? Yes	■ No □		
The entity's total men (Note: This figure is the percentages is the num	e denominato	r to be used in	calculating	g percentages	below; the numer	ator for calculati	ng 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	0	1	7.7	Male	1	6	46.2
Asian-American	0	0	0	Female	0	7 .	53.8
Hispanic-American	0	0	0	Not Know		0	0
Native-American	0	0	0	Total	1		
Caucasian	1	10	76.9	Disabilit	Appointed by Y Authority* in 2022, only	Membership	%
Not Known	0	2	15.4	<u></u>	11 2022, Only	4301 12/01/22	
Total	1			Physically Disabled	0	0	0
*Figures are to refle	ct appointme	ents made onl	y by this	Appointing A	uthority. Please	complete all se	ections.
Entity (Name of Board, Co	ommission, Coun	cil, or Committee):					
Does this entity have	ve multiple	appointing a	uthoritie	s? Yes	□ No □		
The entity's total men (Note: This figure is the percentages is the num	e denominato	r to be used in	calculating	g percentages	below; the numer	ator for calculati	ng 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 Knowr	ı		
Native-American				Total		, , ,	
Caucasian				Disability	Appointed by Y Authority* in 2022, only	Total Disability Membership as of 12/31/22	%
Not Known				Dhysiaelly		- I tank trade	
Total				Physically Disabled			
*Figures are to refle	ct appointme	ents made only	y by this	Appointing A	uthority. Please	complete all se	ections.



# DIVISION OF DISEASE CONTROL AND HEALTH PROTECTION

REPORTS OF MINORITY AND PHYSICALLY DISABLED APPOINTMENTS

(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: MinorityReports@dos.myflorida.com
Department of State, The R. A. Gray Building, Room 316, 500 South Bronough Street, Tallahassee, FL 32399-0250

	Ctoto	Lloolth O	#:					
Appointing Authori					4050 D 110			
Contact Person:		J. Lawho	rn Jr.	_ Address:	4052 Bald Cyp			
Phone: (850) 901-6515 City/State/Zip: Tallahassee, Florida 32311								
Entity (Name of Board, Commission, Council, or Committee): Environmental Health Professionals Advisory Board								
Does this entity have multiple appointing authorities? Yes 🗌 No 🔳								
The entity's total membership as of 12/31/22, regardless of appointing authority:4  (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	1	25	Male	0	4	100	
Asian-American	0	1	25	Female	0	0	0	
Hispanic-American	0	0	0	Not Known		0	0	
Native-American	0	0	0	Total	0			
Caucasian	0	2	50	Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%	
Not Known	0	0	0		iii 2022, Only	43 01 (210)/22		
Total	0			Physically Disabled	0	0	0	
*Figures are to refle	ct appointm	ents made onl	y by this	Appointing Aι	thority. Please	complete all se	ections.	
Entity (Name of Board, Co	ommission, Coun	cil, or Committee):						
Does this entity have	ve multiple	appointing a	uthoritie	s? Yes	□ No □			
The entity's total men (Note: This figure is the percentages is the num	e denominato	or to be used in	calculating	g percentages l	below; the numer	ator for calculati	ng 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 Known				
Native-American				Total				
Caucasian				Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%	
Not Known	<del></del>			Dhyaisally				
Total				Physically Disabled		***************************************		
*Figures are to refle	ct appointme	ents made onl	y by this	Appointing Au	thority. Please	complete all se	ctions.	

(Section 760.80, Florida Statutes - Form due NLT December 1, 2023)

		-					
Appointing Author	ity:* Offic	e of the Gove	ernor				
Contact Person:				_ Address:	4025 Esplana	ide Way	
	850-245		с	ity/State/Zip:	Tallahassee,	Florida 3231	1
Entity (Name of Board, Commission, Council, or Committee): Public Swimming Pool and Bathing Place Advisory Review Board							
Does this entity have multiple appointing authorities? Yes \( \bar{\bar{\bar{\bar{\bar{\bar{\bar{							
The entity's total membership as of 12/31/22, regardless of appointing authority: 6							
(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		%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%
African-American	0	0	0	Male	0	6	100
Asian-American	0	0	0	Female	0	0	0
Hispanic-American	0	0	0	Not Knowi	n <u>0</u>	0	0
Native-American	0	0	0	Total	0		
Caucasian	0	6	100	Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%
Not Known	0	0	0		iii 2022, Oilly	d3 01 12/0 1/22	
Total	0			Physically Disabled	0	0	0
*Figures are to refle	ct appointr	ments made on	ly by this	Appointing A	uthority. Please	complete all se	ctions.
Entity (Name of Board, Co	ommission, Co	uncil, or Committee):					
Does this entity ha	ve multipl	e appointing a	uthoritie	s? Yes	□ No □		
The entity's total men (Note: This figure is the percentages is the num	e denomina	tor to be used in	calculating	g percentages	below; the numera	ator for calculati	ng the
Race	Appointed by Authority* in 2022, only		%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%
African-American				Male			
Asian-American				Female			
Hispanic-American				Not Knowr	n		
Native-American				Total			
Caucasian		-		Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%
Not Known					,,		
Total				Physically Disabled			
*Figures are to refle	ct appointr	nents made onl	y by this	Appointing A	uthority. Please	complete all se	ctions.



#### DIVISION OF EMERGENCY PREPAREDNESS AND COMMUNITY SUPPORT

REPORTS OF MINORITY AND PHYSICALLY DISABLED APPOINTMENTS

(Section 760.80, Florida Statutes – Form due NLT December 1, 2023)

Appointing Authori	ty:* State	Surgeon Ge	neral, D	epartment	of Health		
Contact Person:	Brenda A	ndrews		_ Address:	4052 Bald Cypress Way, Bin C-21		
Phone:	850-901-6	3568	с	ity/State/Zip:	Tallahassee, Florida 32399-0741		
Entity (Name of Board, Co	ommission, Coun	cil, or Committee):	Advisor	y Council on	Radiation Protection		
Does this entity hav	ve multiple	appointing a	uthoritie	s? Yes	□ No ■		
The entity's total mem (Note: This figure is the percentages is the num	e denominato ber in the sec	r to be used in cond column, i.	calculating	percentages	below; the numerator for calculating the		
Race	Appointed by Authority* in 2022, only	Total Race Membership as of 12/31/22	%	Gender	Appointed Total Gender by Authority* Membership as % in 2022, only of 12/31/22		
African-American	0	0	0	Male	0 7 58.3		
Asian-American	0	0	0	Female	0 5 41.7		
Hispanic-American	0	1	8.3	Not Knowr	n <u>0 0 0 </u>		
Native-American	0	0	0	Total	0		
Caucasian	0	11	91.7	Disability	Appointed by Total Disability Y Authority* Membership % in 2022, only as of 12/31/22		
Not Known	<u>O.</u>	0	0		<u></u>		
Total	0			Physically Disabled	0 0		
*Figures are to refle	ct appointme	ents made onl	y by this	Appointing A	uthority. Please complete all sections.		
Entity (Name of Board, Co	ommission, Coun	cil, or Committee):					
Does this entity have	ve multiple	appointing a	uthoritie	s? Yes	□ No □		
The entity's total men (Note: This figure is the percentages is the num	e denominato	r to be used in	calculating	g percentages	below; the numerator for calculating the		
Race	Appointed by Authority* in 2022, only	Total Race Membership as of 12/31/22	%	Gender	Appointed Total Gender by Authority* Membership as % in 2022, only of 12/31/22		
African-American				Male			
Asian-American				Female			
Hispanic-American				Not Knowr	n		
Native-American				Total	<del></del>		
Caucasian				Disability	Appointed by Total Disability  Y Authority* Membership % in 2022, only as of 12/31/22		
Not Known					· •		
Total				Physically Disabled			
*Figures are to refle	ct appointme	ents made onl	y by this i	Appointing Au	uthority. Please complete all sections.		

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Department of State, The R. A. Gray Building, Room 316, 500 South Bronough Street, Tallahassee, FL 32399-0250

Department of State, The R. A. Gray building, Room 316, 500 South Bronough Street, Talianassee, FL 32395-0250									
Appointing Authority:* State Surgeon General									
Contact Person:		y Robinson		Address:	4052 Bald Cyp	ress Way, Bir	1 C-25		
Phone:	850-245	5-4967	c	ity/State/Zip:	Tallahassee,	Florida 3239	9		
Entity (Name of Board, Co	ommission, Co	ouncil, or Committee):	Brain a	nd Spinal Co	rd Injury Adviso	ry Council			
Does this entity have	ve multip	le appointing a	uthoritie	s? Yes	□ No ■				
The entity's total membership as of 12/31/22, regardless of appointing authority:  [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.e., "Total membership as of 12/31/22".)  Appointed by Total Race Appointed Total Gender									
Race	Appointed b Authority* in 2022, only	Membership	%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%		
African-American	0	0	0	Male	2	7	46.67		
Asian-American	0	0	0	Female	3	8	53.33		
Hispanic-American	0	1	6.67	Not Know	n <u>0</u>	0	0		
Native-American	0	0	0	Total	5	,			
Caucasian	5	12	80	Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%		
Not Known	0	2	13.33		•				
Total	5			Physically Disabled	1	4	26.67		
*Figures are to refle	ct appoint	ments made only	by this	Appointing A	uthority. Please	complete all se	ctions.		
Entity (Name of Board, Co	ommission, Co	uncil, or Committee):			,				
Does this entity have	ve multipi	e appointing a	uthoritie	s? Yes	□ No □				
The entity's total men (Note: This figure is the percentages is the num	e denomina	ator to be used in	calculating	g percentages	below; the numera	ator for calculati	ng the		
Race	Appointed b Authority* ir 2022, only		%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%		
African-American				Male					
Asian-American				Female					
Hispanic-American				Not Knowr	ı				
Native-American				Total					
Caucasian				Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%		
Not Known				Dhunialli	•				
Total				Physically Disabled	<del> </del>				
*Figures are to refle	ct appoint	ments made only	by this	Appointing A	uthority. Please	complete all se	ctions.		

(Section 760.80, Florida Statutes – Form due NLT December 1, 2023)

Appointing Authori	ity:* State	Surgeon Ge	neral								
Contact Person:	Miles Hall			_ Address:	4052 Bald Cyp	ress Way, Bi	n A-22				
Phone:	850-245-4	1693	с	ity/State/Zip: Tallahassee, Florida 32399							
Entity (Name of Board, Commission, Council, or Committee): Emergency Medical Services Advisory Council											
Does this entity ha	ve multiple	appointing a	uthoritie	s? Yes	□ No ■						
(Note: This figure is the	The entity's total membership as of 12/31/22, regardless of appointing authority: 14  (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.e., "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	Male	0	10	71.43				
Asian-American	0	0	0	Female	0	4	28.57				
Hispanic-American	0	1	7.14	Not Knowr	n <u>0</u>	0	0				
Native-American	0	0	0	Total	<u>0</u>						
Caucasian	0	13	92.86	Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%				
Not Known	0	0	0		,,						
Total	0			Physically Disabled	0	0	0				
*Figures are to refle	ct appointme	ents made only	y by this	Appointing A	uthority. Please	complete all se	ctions.				
Entity (Name of Board, Co	ommission, Counc	cil, or Committee):									
Does this entity have	ve multiple	appointing a	uthoritie	s? Yes	□ No □						
The entity's total men (Note: This figure is the percentages is the num	e denominato	r to be used in	calculating	g percentages	below; the numera	ator for calculati	ng 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 Knowr	າ						
Native-American				Total		ı					
Caucasian				Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%				
Not Known					, ,						
Total				Physically Disabled	<u></u>						
*Figures are to refle	ct appointme	ents made only	y by this	Appointing Au	uthority. Please	complete all se	ctions.				

(Section 760.80, Florida Statutes – Form due NLT December 1, 2023)

Department of	State, The R. A.	Gray Building, Ro	om 316, 500	South Bronough	Street, Tananassee,	FL 32399-0250				
Appointing Authority:* State Surgeon General										
Contact Person:				Address:	4052 Bald Cy	oress Way, Bi	n A-22			
	850-245-4		С	City/State/Zip: Tallahassee, Florida 32399						
Entity (Name of Board, Commission, Council, or Committee): Emergency Medical Services for Children Advisory Committee										
Does this entity have multiple appointing authorities? Yes ☐ No ■										
The entity's total membership as of 12/31/22, regardless of appointing authority: 5  (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.e., "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	1	20	Male	0	1	20			
Asian-American	0	0	0	Female	0	4	80			
Hispanic-American	0	0	0	Not Know		0	0			
Native-American	0	0	0	Total	0					
Caucasian	0	4	80	Disability	Appointed by Authority* in 2022, only	Membership	%			
Not Known	0	0	0		•					
Total	0			Physically Disabled	0	0	0			
*Figures are to refle	ct appointme	ents made onl	y by this	Appointing A	uthority. Please	complete all se	ections.			
Entity (Name of Board, Co	ommission, Coun	cil, or Committee):			,					
Does this entity have	ve multiple	appointing a	uthoritie	s? Yes	□ No □					
The entity's total men (Note: This figure is the percentages is the num	e denominato	r 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 Knowr	ı					
Native-American		·		Total						
Caucasian	****			Disability	Appointed by Authority* in 2022, only	Membership	%			
Not Known										
Total				Physically Disabled						
*Figures are to refle	ct appointme	ents made onl	y by this	Appointing A	uthority. Please	complete all se	ections.			

(Section 760.80, Florida Statutes – Form due NLT December 1, 2023)

Appointing Authority:* Govenor												
Contact Person:				_ Address:	4052 Bald Cy	press Way						
Phone:	850-245-4	1054	с	ity/State/Zip:	Tallahassee,		)8					
Entity (Name of Board, Co	ommission, Coun	cil, or Committee):	Florida	Trauma Syst	tem Advisory Co	ouncil						
Does this entity have	Does this entity have multiple appointing authorities? Yes No											
The entity's total membership as of 12/31/22, regardless of appointing authority: 4  (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.e., "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	Male	0	3	75					
Asian-American	0	1	25	Female	0	1	25					
Hispanic-American	0	0	0	Not Knowr	0	0	0					
Native-American	0	0	0	Total	0							
Caucasian	0	3	75	Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%					
Not Known	0	0	0	Dhusiasllu	2522, 4111	40 01 1270 1722						
Total	0			Physically Disabled	0	0	0					
*Figures are to refle	ct appointme	ents made onl	y by this	Appointing Αι	uthority. Please	complete all se	ections.					
Entity (Name of Board, Co	ommission, Counc	cil, or Committee):										
Does this entity have	ve multiple	appointing a	uthoritie	s? Yes	☐ No ☐							
The entity's total men (Note: This figure is the percentages is the num	e denominato	r to be used in	calculatin	g percentages	below; the numer	ator for calculati	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 Knowr	) <u> </u>							
Native-American				Total								
Caucasian				Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%					
Not Known					. •							
Total				Physically Disabled								
*Figures are to refle	ct appointme	ents made only	y by this	Appointing Αι	uthority. Please	complete all se	ctions.					



#### DIVISION OF MEDICAL QUALITY ASSURANCE

REPORTS OF MINORITY AND PHYSICALLY DISABLED APPOINTMENTS

(Section 760.80, Florida Statutes - Form due NLT December 1, 2023)

Appointing Authori	ty:* Gov	ernor									
Contact Person:	laasias	Costello, MPI	-1	Address:	4042 Bald C	ypress Way, Bi	n C-00				
Phone:	850-245	5-4473	с	ity/State/Zip:	Tallahasse	e, Florida 3239	99				
Entity (Name of Board, Commission, Council, or Committee):  Board of Acupuncture											
Does this entity have		,	uthoritie	s? Yes	☐ No ■						
The entity's total membership as of 12/31/22, regardless of appointing authority: 4  (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.e., "Total membership as of 12/31/22".)											
Race	Appointed by Authority* in 2022, only		%	Gender	Appointed by Authority* in 2022, only		%				
African-American	0	0	0	Male	0	0	0				
Asian-American	0	0	0	Female	0	4	100				
Hispanic-American	0	0	0	Not Knowr	0	0	0				
Native-American	0	0	0	Total	0						
Caucasian	0	4	100	Disability	Appointed Authority in 2022, or	* Membership	%				
Not Known	0	0	0		111 2022, 01	ny 43 01 12/01/22					
Total	0			Physically Disabled	0	0	0				
*Figures are to refle	ct appoint	ments made only	by this	Appointing Au	uthority. Pleas	se complete all se	ections.				
Entity (Name of Board, Co	nmmission Co	uncil or Committee\"	Board c	of Athletic Tra	ining	3000					
Does this entity hav		•	 uthoritie	s? Yes	☐ No ■						
The entity's total men (Note: This figure is the percentages is the num	e denomina	itor to be used in a	calculating	percentages	below; the num		ing the				
Race	Appointed by Authority* in 2022, only		%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%				
African-American	0	1	12.5	Male	0	6	75				
Asian-American	0	0	0	Female	0	2	25				
Hispanic-American	0	0	0	Not Known	0	0	0				
Native-American	0	0	0	Total	0						
Caucasian	0	7	87.5	Disability	Appointed Authority in 2022, or	* Membership	%				
Not Known	0	0	0		111 2022, 01	ny as 01 1213 1122					
Total	0			Physically Disabled	0	0	0				
*Figures are to refle	ct appoint	ments made only	by this	Appointing Au	ıthority. Pleas	e complete all se	ections.				

(Section 760.80, Florida Statutes – Form due NLT December 1, 2023)

Appointing Authori	ity:* Gove	rnor					
Contact Person:	Jessica	Costello, MP	Н	_ Address:	4042 Bald Cyr	oress Way, Bi	n C-00
Phone:	850-245-	-4473	с	ity/State/Zip:	Tallahassee,	Florida 3239	9
Entity (Name of Board, Co			Board o	of Chiropracti	c Medicine		
Does this entity have	•	•					
The entity's total men	-						
(Note: This figure is the percentages is the num	e denominat	or to be used in	calculating	g percentages	below; the numer	ator for calculati	ng 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	0	0	0	Male	4	6	85.7
Asian-American	0	0	0	Female	0	1	14.3
Hispanic-American	1	1	14.3	Not Knowr	n <u>0</u>	0	0
Native-American	0	0	0	Total	4		
Caucasian	3	6	85.7	Disability	Appointed by Y Authority* in 2022, only	Total Disability Membership as of 12/31/22	%
Not Known	0	0	0		, e,		
Total	4			Physically Disabled	0	0	0
*Figures are to refle	ct appointm	nents made only	y by this	Appointing Au	uthority. Please	complete all se	ections.
Entity (Name of Board, Co	ommission, Cou	ncil, or Committee):	Board o	of Clinical Lat	ooratory Person	nel	
Does this entity have	ve multiple	appointing a	uthoritie	s? Yes	□ No ■		
The entity's total men (Note: This figure is the percentages is the num	e denominat	or to be used in	calculating	g percentages	below; the numer	ator for calculati	ng 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	0	1	20	Male	0	0	0
Asian-American	0	0	0	Female	0	5	100
Hispanic-American	0	1	20	Not Knowr	0	0	0
Native-American	0	0	0	Total	0		
Caucasian	0	3	60	Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%
Not Known	0	0	0		111 2022, Olly	00 01 1210 1122	
Total	0			Physically Disabled	0	0	0
*Figures are to refle	ct appointm	nents made only	y by this i	Appointing Aι	uthority. Please	complete all se	ctions.

(Section 760.80, Florida Statutes - Form due NLT December 1, 2023)

Appointing Authority:* Governor										
Contact Person:	Jessica	Costello, MPI	1	Address:	4042 Bald Cyp	ress Way, Bi	n C-00			
Phone:	850-245	-4473	с	ity/State/Zip:	Tallahassee,	Florida 3239	9			
Entity (Name of Reard Commission Council of Committee). Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling										
Entity (Name of Board, Commission, Council, or Committee):  Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling  Does this entity have multiple appointing authorities?  Yes No										
The entity's total membership as of 12/31/22, regardless of appointing authority: 7										
(Note: This figure is the percentages is the num	e denomina	tor to be used in o	calculating	g percentages l	below; the numera	ator for calculation	ng the			
Race	Appointed by Authority* in 2022, only		%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%			
African-American	0	0	0	Male	0	2	28.6			
Asian-American	0	0	0	Female	1	5	71.4			
Hispanic-American	1	3	42.9	Not Known	0	0	0			
Native-American	0	0	0	Total	1					
Caucasian	0	4	57.1	Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%			
Not Known	0	0	0		ili 2022, Olliy	as 01 12/31/22				
Total	1			Physically Disabled	0	0	0			
*Figures are to refle	ct appointr	ments made only	by this	Appointing Au	thority. Please	complete all se	ctions.			
Entity (Name of Board, Co	ommission, Cou	uncil, or Committee):	Board c	of Dentistry						
Does this entity have	ve multiple	e appointing au	ıthoritie	s? Yes	☐ No ■					
The entity's total mem (Note: This figure is the percentages is the num	e denomina	tor to be used in o	calculating	g percentages l	below; the numera	ator for calculati	ng the			
Race	Appointed by Authority* in 2022, only		%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%			
African-American	0	0	0	Male	0	7	70			
Asian-American	0	0	0	Female	0	3	30			
Hispanic-American	0	4	40	Not Known	0	0	0			
Native-American	0	0	0	Total	0					
Caucasian	0	6	60	Disability		Total Disability Membership	%			
Not Known	0	0	0		in 2022, only	as of 12/31/22				
Total	0			Physically Disabled	0	0	0			
*Figures are to refle	ct appointn	nents made only	by this	Appointing Au	thority. Please	complete all se	ctions.			

(Section 760.80, Florida Statutes – Form due NLT December 1, 2023)

Appointing Authority:* Governor											
Contact Person:			H	Address:	4042 Bald Cyp	ress Way, Bi	n C-00				
	850-245-			ity/State/Zip:	Tallahassee,	Florida 3239	9				
rnone.				ity/State/Zip.							
Entity (Name of Board, Commission, Council, or Committee): Board of Hearing Aid Specialists											
Does this entity have multiple appointing authorities? Yes \(\Boxed{\Boxes}\) No \(\boxed{\Boxes}\)											
The entity's total membership as of 12/31/22, regardless of appointing authority: 5  (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	Male	0	3	60				
Asian-American	0	0	0	Female	0	2	40				
Hispanic-American	0	0	0	Not Knowr	0	0	0				
Native-American	0	0	0	Total	0						
Caucasian	0	5	100	Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%				
Not Known	0	0	0		111 2022, 011ly	as of 12/5//22					
Total	0			Physically Disabled	0	0	0				
*Figures are to refle	ct appointm	nents made onl	y by this	Appointing A	uthority. Please	complete all se	ctions.				
Entity (Name of Board, Co	ommission, Cou	ncil, or Committee):	Board o	of Massage T	herapy	-					
Does this entity hav	ve multiple	appointing a	uthoritie	s? Yes	□ No ■						
The entity's total men (Note: This figure is the percentages is the num	e denominat	or to be used in	calculating	g percentages	below; the numera	ator for calculati	ng 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	0	0	0	Male	0	2	40				
Asian-American	0	0	0	Female	0	3	60				
Hispanic-American	0	0	0	Not Knowr	0	0	0				
Native-American	0	0	0	Total	0						
Caucasian	0	5	100	Disability	Appointed by Authority*	Total Disability Membership	%				
Not Known	0	0	0		in 2022, only	as of 12/31/22					
Total	0			Physically Disabled	0	0	0				
*Figures are to refle	ct appointm	ents made onl	y by this .	Appointing Au	uthority. Please	complete all se	ctions.				

(Section 760.80, Florida Statutes – Form due NLT December 1, 2023)

	_											
Appointing Authori	Appointing Authority:* Governor											
Contact Person:		Costello, MPI	1	Address:	4042 Bald Cy	oress Way, Bir	n C-00					
Phone:	850-245	-4473	Ci	ty/State/Zip:	Tallahassee,	Florida 3239	9					
Entity (Name of Board, Co	Entity (Name of Board, Commission, Council, or Committee):  Board of Medicine											
Does this entity have	Does this entity have multiple appointing authorities? Yes No											
The entity's total membership as of 12/31/22, regardless of appointing authority: 15 (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		%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%					
African-American	0	0	0	Male	4	10	66.7					
Asian-American	0	2	13.3	Female	3	5	33.3					
Hispanic-American	1	4	26.7	Not Knowr	0	0	0					
Native-American	0	0	0	Total	7							
Caucasian	6	9	60.0	Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%					
Not Known	0	0	0		in Lozz, only	40 01 120 1722						
Total	7			Physically Disabled	1	1	6.7					
*Figures are to refle	ct appointr	ments made only	by this	Appointing Aι	uthority. Please	complete all se	ctions.					
Entity (Name of Board, Co	ommission, Cou	uncil, or Committee):	Board o	f Nursing								
Does this entity have	ve multiple	e appointing au	ıthoritie	s? Yes	☐ No ■							
The entity's total men (Note: This figure is the percentages is the num	e denomina	tor to be used in o	calculating	percentages	below; the numer	ator for calculati	ng the					
Race	Appointed by Authority* in 2022, only		%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%					
African-American	0	0	0	Male	0	2	18.2					
Asian-American	0	1	9.1	Female	5	9	81.8					
Hispanic-American	1	2	18.2	Not Knowr	0	0	0					
Native-American	0	0	0	Total	5							
Caucasian	4	8	72.7	Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%					
Not Known	0	0	0		ii. 2022, Olly	45 51 1210 1122						
Total	5			Physically Disabled	0	0	0					
*Figures are to refle	ct appointr	nents made only	by this	Appointing Au	uthority. Please	complete all se	ctions.					

(Section 760.80, Florida Statutes – Form due NLT December 1, 2023)

Appointing Authority:* Governor									
Contact Person:	Innaina	Costello, MPI	Ⅎ	Address:	4042 Bald C	ypress Way, Bi	n C-00		
Phone:	850-245	5-4473	c	ity/State/Zip:	Tallahassee	e, Florida 3239	99		
Entity (Name of Board, Co	ommission, Co	ouncil, or Committee):	Board o	of Nursing Ho	me Administra	ators			
Does this entity have	ve multipl	le appointing a	uthoritie	s? Yes	☐ No ■				
The entity's total membership as of 12/31/22, regardless of appointing authority: 6  (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	Membership	%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%		
African-American	1	1	16.7	Male	2	3	50		
Asian-American	0	0	0	Female	2	3	50		
Hispanic-American	0	0	0	Not Knowr	0	0	0		
Native-American	0	0	0	Total	4				
Caucasian	3	5	83.3	Disability	Appointed Authority in 2022, on	Membership	%		
Not Known	0	0	0		III 2022, OI	ly 43 01 12/3 1/22			
Total	4			Physically Disabled	0	0	0		
*Figures are to refle	ct appoint	ments made only	by this	Appointing Au	uthority. Pleas	e complete all se	ections.		
Entity (Name of Board, Co	ommission Co	uncil or Committee)"	Board c	of Occupation	ıal Therapy Pr	actice			
Does this entity hav		•							
The entity's total mem (Note: This figure is the percentages is the num	e denomina	ator to be used in a	calculating	percentages	below; the num	erator for calculat	ing the		
Race	Appointed by Authority* in 2022, only		%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%		
African-American	0	1	25	Male	0	1	25		
Asian-American	0	0	0	Female	0	3	75		
Hispanic-American	0	0	0	Not Known	0	0	0		
Native-American	0	0	0	Total	0				
Caucasian	0	3	<u>75</u>	Disability		Membership	%		
Not Known	0	0	0		in 2022, on	as UF 12/31/22			
Total	0			Physically Disabled	0	0	0		
*Figures are to refle	ct appoint	ments made only	by this	Appointing Au	ıthority. Pleas	e complete all se	ections.		

(Section 760.80, Florida Statutes - Form due NLT December 1, 2023)

Appointing Authority:* Governor									
Appointing Authori					4042 Bald Cyp	roop \Mov. Div	- C 00		
Contact Person:		Costello, MPI	1	. Addiess.					
Phone:	850-245	0-4473	C	ity/State/Zip:	Tallahassee, l	Fiorida 3239	<del></del>		
Entity (Name of Board, Co	ommission, Co	uncil, or Committee):	Board o	of Opticianry					
Does this entity hav			uthoritie	s? Yes	□ No ■				
(Note: This figure is the	The entity's total membership as of 12/31/22, regardless of appointing authority:  (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.e., "Total membership as of 12/31/22".)  Appointed by Total Race Appointed Total Gender								
Race	Appointed by Authority* in 2022, only	Membership	%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%		
African-American	0	0	0	Male	0	2	50		
Asian-American	0	0	0	Female	0	2	50		
Hispanic-American	0	0	0	Not Known	0	0	0		
Native-American	0	0	0	Total	0				
Caucasian	0	4	100	Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%		
Not Known	0	0	0		111 2022, Otty	as 01 12/31/22			
Total	0			Physically Disabled	0	0	0		
*Figures are to refle	ct appoint	ments made only	by this	Appointing Au	thority. Please	complete all se	ctions.		
Entity (Name of Board, Co	ommission, Co	uncil, or Committee):	Board o	f Optometry					
Does this entity have	ve multipl	e appointing aเ	uthoritie	s? Yes	☐ No ■				
The entity's total mem (Note: This figure is the percentages is the num	e denomina	ator to be used in o	calculating	g percentages l	below; the numera	ator for calculati	ng the		
Race	Appointed by Authority* in 2022, only		%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%		
African-American	0	0	0	Male	2	5	71.4		
Asian-American	0	0	0	Female	1	2	28.6		
Hispanic-American	0	0	0	Not Known	0	0	0		
Native-American	0	0	0	Total	3				
Caucasian	3	7	100	Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%		
Not Known	0	0	0		111 2022, Oilly	4301 12101122			
Total	3			Physically Disabled	0	0	0		
*Figures are to refle	ct appoint	ments made only	by this	Appointing Au	thority. Please o	omplete all se	ctions.		

(Section 760.80, Florida Statutes – Form due NLT December 1, 2023)

Appointing Authority:* Governor										
Contact Person:		Costello, MPI	1	Address:	4042 Bald Cyp	ress Way, Bi	n C-00			
Phone:	850-245	5-4473	C	ity/State/Zip:	Tallahassee,	Florida 3239	9			
			Doord	f Orthodiata	and Prosthetists					
Entity (Name of Board, Co		•	***************************************				<del></del>			
Does this entity have	ve multipl	e appointing a	uthoritie	s? Yes	□ No ■					
(Note: This figure is the	The entity's total membership as of 12/31/22, regardless of appointing authority: 4  (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		%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%			
African-American	0	0	0	Male	0	3	75			
Asian-American	0	0	0	Female	0	1	25			
Hispanic-American	0	0	0	Not Knowr	0	0	0			
Native-American	0	0	0	Total	0					
Caucasian	0	4	100	Disability	Appointed by Authority* in 2022, only	Total Disability Membership	%			
Not Known	0	0	0		111 2022, Offiny	as of 12/31/22				
Total	0			Physically Disabled	0	1	<u>25</u>			
*Figures are to refle	ct appoint	ments made only	by this	Appointing Au	uthority. Please	complete all se	ctions.			
Entity (Name of Board, Co	ommission, Co	uncil, or Committee):	Board c	f Osteopathi	c Medicine					
Does this entity have	ve multipl	e appointing a	uthoritie	s? Yes	☐ No ■					
The entity's total men (Note: This figure is the percentages is the num	e denomina	tor to be used in	calculating	g percentages	below; the numer	ator for calculati	ng the			
Race	Appointed by Authority* in 2022, only		%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%			
African-American	0	0	0	Male	3	4	57.1			
Asian-American	0	0	0	Female	1	3	42.9			
Hispanic-American	0	1	14.3	Not Known	0	0	0			
Native-American	0	0	0	Total	4					
Caucasian	4	6	85.7	Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%			
Not Known	0	0	0		iii 2022, Olliy	as 01 12/31/22				
Total	4			Physically Disabled	0	0	0			
*Figures are to refle	ct appoint	ments made only	by this	Appointing Aι	ıthority. Please	complete all se	ctions.			

(Section 760.80, Florida Statutes - Form due NLT December 1, 2023)

					4				
Appointing Authority:* Governor									
Contact Person:	locaica	Costello, MP	Н	_ Address:	4042 Bald Cy	oress Way, Bi	n C-00		
Phone:	850-245	-4473	с	ity/State/Zip:	Tallahassee,	Florida 3239	9		
Entity (Name of Board, Commission, Council, or Committee):									
Does this entity have multiple appointing authorities? Yes ☐ No ■									
The entity's total membership as of 12/31/22, regardless of appointing authority:   (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	Male	5	5	55.6		
Asian-American	1	1	11.1	Female	2	4	44.4		
Hispanic-American	1	2	22.2	Not Known		0	0		
Native-American	0	0	0	Total	7				
Caucasian	5	6	66.7	Disability	Appointed by Authority* in 2022, only	Membership	%		
Not Known	0	0	0	<u></u>	<u></u> ,,				
Total	7			Physically Disabled	0	0	0		
*Figures are to refle	ct appointr	nents made onl	y by this	Appointing Au	ıthority. Please	complete all se	ections.		
Entity (Name of Board, Co	ommission, Cou	ıncil, or Committee):	Board o	of Physical Th	erapy Practice				
Does this entity hav	ve multiple	appointing a	uthoritie	s? Yes	☐ No ■				
The entity's total men (Note: This figure is the percentages is the num	e denomina	tor to be used in	calculating	g percentages l	below; the nume		ng 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	0	0	0	Male	0	3	75		
Asian-American	0	0	0	Female	0	1	25		
Hispanic-American	0	0	0	Not Known		0	0		
Native-American	0	0	0	Total	<u> </u>				
Caucasian	0	4	100	Disability	Appointed by Authority* in 2022, only	Membership	%		
Not Known	0	0	0	<b>.</b>	111 2022, OHIY	as of 12/01/22			
Total	0			Physically Disabled	0	0	0		
*Figures are to reflect appointments made only by this Appointing Authority. Please complete all sections.									

(Section 760.80, Florida Statutes – Form due NLT December 1, 2023)

Appointing Authority:* Governor									
Contact Person:	Jessica	Costello, MPI	Н	Address:	4042 Bald C	ypress Way, Bi	n C-00		
Phone:	850-245	5-4473	C	ity/State/Zip:	Tallahasse	e, Florida 3239	99		
Entity (Name of Board, Commission, Council, or Committee):  Board of Podiatric Medicine									
Does this entity have multiple appointing authorities? Yes No									
The entity's total membership as of 12/31/22, regardless of appointing authority: 6  (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 b Authority* ir 2022, only		%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%		
African-American	0	0	0	Male	4	6	100		
Asian-American	0	0	0	Female	0	0	0		
Hispanic-American	0	0	0	Not Knowr	0	0	0		
Native-American	0	0	0	Total	4				
Caucasian	4	6	100	Disability	Appointed Authority in 2022, or	Membership	%		
Not Known	0	0	0		111 2022, 01	ny 43 01 12/3 1/22			
Total	4			Physically Disabled	0	0	0		
*Figures are to refle	ct appoint	ments made only	by this	Appointing A	uthority. Pleas	e complete all se	ections.		
Entity (Name of Board, Co	amminaian Ca	uneil or Committee)*	Board o	of Psychology					
Does this entity have		Ť							
The entity's total mem (Note: This figure is the percentages is the num	e denomina	ator to be used in	calculating	g percentages	below; the num		ing the		
Race	Appointed by Authority* in 2022, only		%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%		
African-American	0	0	0	Male	0	0	0		
Asian-American	0	0	0	Female	0	5	100		
Hispanic-American	0	1	20	Not Knowr	0	0	0		
Native-American	0	0	0	Total	0				
Caucasian	0	4	80	Disability		Membership	%		
Not Known	0	0	0		in 2022, or	ly as of 12/31/22			
Total	0			Physically Disabled	0	0	0		
*Figures are to reflect appointments made only by this Appointing Authority. Please complete all sections.									

(Section 760.80, Florida Statutes – Form due NLT December 1, 2023)

Appointing Authority:* Governor										
Contact Person:	Jessica (	Costello, MP	Н	Address:	4042 Bald Cyp	ress Way, Bi	n C-00			
	850-245-			- ity/State/Zip:	Tallahassee,	Florida 3239	9			
Entity (Name of Board, Commission, Council, or Committee):  Board of Respiratory Care										
Does this entity have multiple appointing authorities? Yes ☐ No ■										
The entity's total membership as of 12/31/22, regardless of appointing authority:   (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	1	20	Male	0	3	60			
Asian-American	0	0	0	Female	0	2	40			
Hispanic-American	0	1	20	Not Knowr	0	0	0			
Native-American	0	0	0	Total	0					
Caucasian	0	3	60	Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%			
Not Known	0	0	0		111 2022, 011ly	as 01 12/3 1/22				
Total	0			Physically Disabled	0	0	0			
*Figures are to refle	ct appointm	ents made onl	y by this	Appointing Au	uthority. Please	complete all se	ctions.			
Entity (Name of Board, Co	ommission, Cour	ncil, or Committee):	Board o	of Speech-La	nguage Patholo	gy and Audiol	ogy			
Does this entity hav	ve multiple	appointing a	uthoritie	s? Yes	□ No ■					
The entity's total men (Note: This figure is the percentages is the num	e denominato	or to be used in	calculating	g percentages	below; the numer	ator for calculati	ng 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	0	0	0	Male	0	2	40			
Asian-American	0	0	0	Female	1	3	60			
Hispanic-American	0	1	20	Not Knowr	0	0	0			
Native-American	0	0	0	Total	1					
Caucasian	1	4	80	Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%			
Not Known	0	0	0		III 2022, 011ly	as 01 12/31/22				
Total	1			Physically Disabled	0	1	20			
*Figures are to reflect appointments made only by this Appointing Authority. Please complete all sections.										

(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: MinorityReports@dos.myflorida.com
Department of State, The R. A. Gray Building, Room 316, 500 South Bronough Street, Tallahassee, FL 32399-0250

Appointing Authority:* State Surgeon General									
Contact Person:				_ Address:	4042 Bald Cyp	oress Way, Bi	n C-00		
Phone:	850-245-4	4473	c	ity/State/Zip:	Tallahassee,	Florida 3239	99		
Entity (Name of Board, Commission, Council, or Committee): Council of Licensed Midwifery									
Does this entity have multiple appointing authorities? Yes No									
The entity's total membership as of 12/31/22, regardless of appointing authority: 5  (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.e., "Total membership as of 12/31/22".)									
percentages is the fluir	Appointed by	Total Race	c., iotai	Thembership a	Appointed	Total Gender			
Race	Authority* in 2022, only	Membership as of 12/31/22	%	Gender	by Authority* in 2022, only	Membership as of 12/31/22	%		
African-American	0	0	0	Male	0	1	20		
Asian-American	0	0	0	Female	0	4	80		
Hispanic-American	0	0	0	Not Know	o	0	0		
Native-American	0	0	0	Total	0				
Caucasian	0	5	100	Disabilit	Appointed by  Authority* in 2022, only	Total Disability Membership as of 12/31/22	%		
Not Known	0	0	0		2022, 0,				
Total	0			Physically Disabled	0	0	0		
*Figures are to refle	ct appointm	ents made onl	y by this	Appointing A	uthority. Please	complete all se	ections.		
Entity (Name of Board, Co	ommission, Coun	cil, or Committee):		***					
Does this entity ha	ve multiple	appointing a	uthoritie	s? Yes	□ No □				
The entity's total men (Note: This figure is th percentages is the num	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	າ				
Native-American	-			Total					
Caucasian				Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%		
Not Known					,,				
Total				Physically Disabled					
*Figures are to reflect appointments made only by this Appointing Authority. Please complete all sections.									

(Section 760.80, Florida Statutes - Form due NLT December 1, 2023)

Department of State, The R. A. Gray building, Room \$16, 500 South Bronough Street, Talianassee, FL 32399-0250										
Appointing Authority:* State Surgeon General, Board of Medicine, Board of Osteopathic Medicine										
	Contact Person: Jessica Costello, MPH				4042 Bald Cyp	oress Way, Bi	n C-00			
Phone:	850-245	5-4473	с	ity/State/Zip:	Tallahassee,	Florida 3239	9			
Entity (Name of Board, Co	ommission Co	nuncil or Committee)*	Counci	of Physician	Assistants					
		,		•						
The entity's total membership as of 12/31/22, regardless of appointing authority:  (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.e., "Total membership as of 12/31/22".)										
Race	Appointed by Authority* in 2022, only	n Membership	%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%			
African-American	0	0	0	Male	0	1	33.3			
Asian-American	0	0	0	Female	0	2	66.7			
Hispanic-American	0	1	33.3	Not Knowr	0	0	0			
Native-American	0	0	0	Total	0					
Caucasian	0	2	66.7	Disability		Total Disability Membership as of 12/31/22	%			
Not Known	0	0	0		in 2022, only	as 01 12/31/22				
Total	0			Physically Disabled	0	0	0			
*Figures are to refle	ct appoint	ments made only	by this	Appointing A	uthority. Please	complete all se	ctions.			
Entity (Name of Board, Co	mmission, Co	uncil, or Committee)								
Does this entity have	e multipl	e appointing aւ	uthoritie	s? Yes	□ No □					
The entity's total mem (Note: This figure is the percentages is the num	e denomina	tor to be used in a	calculating	percentages	below; the numera	ator for calculati	ng the			
Race	Appointed by Authority* in 2022, only		%	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	n					
Native-American				Total						
Caucasian		<u></u>		Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%			
Not Known					111 2022, Offiny	as or 12/31/22				
Total				Physically Disabled		***************************************				
*Figures are to reflect appointments made only by this Appointing Authority. Please complete all sections.										

(Section 760.80, Florida Statutes – Form due NLT December 1, 2023)

Appointing Authority:* Board of Medicine										
Contact Person:	loogica	Costello, MPI		Address:	4042 Bald Cyp	ypress Way, Bin C-00				
Phone:	850-245	-4473	C	· ity/State/Zip:	Tallahassee,	Florida 3239	9			
Entity (Name of Board, Commission, Council, or Committee): Dietetics and Nutrition Practice Council										
Does this entity have multiple appointing authorities? Yes ☐ No ■										
The entity's total membership as of 12/31/22, regardless of appointing authority: 5 (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		%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%			
African-American	0	1	20	Male	0	0	0			
Asian-American	0	0	0	Female	2	5	100			
Hispanic-American	0	0	0	Not Knowr	0	0	0			
Native-American	0	0	0	Total	2					
Caucasian	2	4	80	Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%			
Not Known	0	0	0	Dhariadha	111 ZOZZ, 0111y	43 01 123 1122				
Total	2			Physically Disabled	0	0	0			
*Figures are to refle	ct appoint	ments made only	by this	Appointing Au	uthority. Please	complete all se	ctions.			
Entity (Name of Board, Co	ommission, Co	uncil, or Committee):	Electrol	ysis Council						
Does this entity have	e multipl	e appointing au	ıthoritie	s? Yes	□ No ■					
The entity's total men (Note: This figure is the percentages is the num	e denomina	tor to be used in o	calculating	percentages	below; the numera	ator for calculati	ng the			
Race	Appointed by Authority* in 2022, only		%	Gender	Appointed by Authority* in 2022, only	Total Gender Membership as of 12/31/22	%			
African-American	0	0	0	Male	0	0	0			
Asian-American	0	0	0	Female	1	4	100			
Hispanic-American	1	2	50	Not Known	0	0	0			
Native-American	0	0	0	Total	1					
Caucasian	0	2	50	Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%			
Not Known	0	0	0		iii 2022, Offiy	40 01 120 1122				
Total	1			Physically Disabled	0	0	0			
*Figures are to reflect appointments made only by this Appointing Authority. Please complete all sections.										



#### DIVISION OF PUBLIC HEALTH STATISTICS AND PERFORMANCE MANAGEMENT

REPORTS OF MINORITY AND PHYSICALLY DISABLED APPOINTMENTS

(Section 760.80, Florida Statutes - Form due NLT December 1, 2023)

Dopardinent of Galage Tile (4 74 Gray Sanding) (Controlly Good Galage Graet, Talianassee, T 2 3233-5236										
Appointing Authority:* State Surgeon General										
Contact Person:				_ Address:	4025 Esplanade Way, Suite 120M					
	850-617-		c	ity/State/Zip:	Tallahassee,	Florida 3239	9			
Physician Workforce Advisory Council										
Entity (Name of Board, Commission, Council, or Committee): Physician Workforce Advisory Council										
Does this entity have multiple appointing authorities? Yes No										
The entity's total membership as of 12/31/22, regardless of appointing authority: 17 (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	2	11.8	Male	3	10	58.8			
Asian-American	0	3	17.6	Female	0	7	41.2			
Hispanic-American	0	0		Not Knowi		0	0			
Native-American	<u>0</u> 3	0		Total	3					
Caucasian	3	12	70.6	Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%			
Not Known	0	0			,,	40 01 1210 1/22				
Total	3			Physically Disabled	0	0	0			
*Figures are to refle	ct appointm	ents made only	by this	Appointing A	uthority. Please	complete all se	ctions.			
Entity (Name of Board, Co	ommission, Coun	cil, or Committee):								
Does this entity hav	e multiple	appointing a	uthoritie	es? Yes	☐ No ☐					
The entity's total men (Note: This figure is the percentages is the num	e denominato	or to be used in a	calculating	g percentages	below; the numera	ator for calculati	ng 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	<del></del>			Not Knowr	ı					
Native-American				Total						
Caucasian	<del></del>			Disability	Appointed by Authority* in 2022, only	Total Disability Membership as of 12/31/22	%			
Not Known				Dh. a' "	·					
Total				Physically Disabled						
*Figures are to reflect appointments made only by this Appointing Authority. Please complete all sections.										