2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am Secretary of State DOCUMENT # N93000003787 INSTITUTE FOR HEALTH CARE ADVOCACY, INC. 02-11-2002 90103 016 ****70.00 Principal Place of Business Mailing Address 1217 PONCE DE LEON BLVD. 1217 PONCE DE LEON BLVD. CLEARWATER FL 33756 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, 'Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3198066 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired XXX Fee Required 6. Name and Address of Current Registered Agent --7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PARRI, RAYMOND L 1217 PONCE DE LEON BLVD. **DLEARWATER FL 33756** City Zip Code 8. 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete Change TITLE DV xxxxddition PARRI, RAYMOND L NAME NAME Moore, Emily STREET ADDRESS 1217 PONCE DE LEON BLVD. STREET ADDRESS PO Box 10966 CITY-ST-ZIP CLEARWATER FL 33756 CITY-ST-7IP Tallahassee, FL 32302 DST TITLE ☐ Delete TITLE XX Change ☐ Addition Parri, Sandra T NAME NAME Jackson, 🏖obert A STREET ADDRESS 1217 PONCE DE LEON BLVD STREET ADDRESS 1800 2nd St #760 CITY-ST-ZIP CLEARWATER FL 33756 CITY-ST-ZIP Sarasota, RL-34636 TITLE ☐ Delete TITLE ☐ Change ☐ Addition trombley, Michael J NAME STREET ADDRESS 329 COMMERCE AVE STREET ADDRESS CITY-ST-ZIP SEBRING FL 33870 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition JACKSON, ROBERT A NAME NAME 1800 2ND ST #760 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34636 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with

MINR Raymond L. Parri

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

1/22/02

727-582-4224

FILED

ENCLOSURE(S) DW 1/9300000 3987

Date: January 23, 2002

Re: UBR

Enclosed is the original, executed Uniform Business Report and a check in the amount of \$70.00. The \$70.00 includes the filing fee of \$61.25 and a certificate of status fee of \$8.75. Please contact me if you have any questions.

William E. Lindahl, Administrator

310684

Enclosure

Division of Corporations
Uniform Business Report Filings
PO Box 1500 —————
Tallahassee, FL 32302-1500

Institute for
Health Care Advocacy, Inc.
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727-518-9662