2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jan 20, 2004 8:00 am **Secretary of State** DOCUMENT # N93000003787 01-20-2004 90073 008 ****70.00 INSTITUTE FOR HEALTH CARE ADVOCACY, INC. Mailing Address Principal Place of Business 1217 PONCE DE LEON BLVD. 1217 PONCE DE LEON BLVD. CLEARWATER, FL 33756 US CLEARWATER, FL 33756 2. Principal Place of Business 3. Mailing Address 1401 N. Missouri Ave Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 Chg-NP CR2E037 (10/03) Applied For City & State Largo, FL City & State 4. FEI Number 59-3198066 Not Applicable Country Zip 33771 \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Daniel Parri PARRI, RAYMOND L DEPARTMENT OF STATE Street Address (P.O. Box Number is Not Acceptable) Same 1217 PONCE DE LEON BLVD. CLEARWATER, FL 33756 City Zip Code Fl 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ח D TITLE ☐ Delete TITLE ▼ Addition Moore, Emily NAME PARRI, RAYMOND L NAME PO Box 10966 STREET ADDRESS 1217 PONCE DE LEON BLVD. STREET ADDRESS Tallahassee FL 32302 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 33756 ☐ Delete TITLE ☐ Change Addition TITLE Parri, Daniel C. TROMBLEY, MICHAEL J NAME NAME 1217 Ponce de Leon Blvd. STREET ADDRESS STREET ADDRESS 329 COMMERCE AVE Clearwater, FL 33756 CITY-ST-ZIP CITY-ST-ZIP SEBRING, FL 33870 T.S.D ☐ Change TITLE Delete TITLE **X** Addition Parri, Sandra T NAME NAME 1217 Ponce de Leon Blvd STREET ADDRESS STREET ADDRESS Clearwater, FL 33756 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ▼ Addition TITI E ☐ Change TITI F NAME NAME Jackson, Robert STREET ADDRESS STREET ADDRESS 1800-2nd Street Suite 760 Sarasota FL 34236-2304 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

SIGNATURE: Daniel C. Parri, P
SIGNATURE AND TYPES OR DRINGED FAMILE OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

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

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CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered