## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # N93000003787**

1. Entity Name

INSTITUTE FOR HEALTH CARE ADVOCACY, INC.



Principal Place of Business

1217 PONCE DE LEON BLVD. CLEARWATER, FL 33756 US Mailing Address

1401 N. MISSOURI AVE 321

LARGO, FL 33771 US

## FILED Mar 23, 2005 8:00 am Secretary of State

03-23-2005 90051 038 \*\*\*\*61.25

40037563



03212005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-3198066

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARRI, DANIEL 1217 PONCE DE LEON BLVD. CLEARWATER, FL 33756

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IN	THIS	SPA	CE

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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE.							
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIR	ECTORS					
NAME Street Address City-St-Zip	D PARRI, RAYMOND L 1217 PONCE DE LEON BLVD. CLEARWATER, FL 33756						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROMBLEY, MICHAEL J SS 329 COMMERCE AVE SEBRING, FL 33870				ننت محمد مین		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 C BOX 10000			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7217 1 3.10E BE EEGIT BETB						
TITLE NAME STREET ADDRESS CITY-S1-ZIP	TSD PARRI, SANDRA T 1217 PONCE DE LEON BLVD CLEARWATER, FL 33756	•					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, ROBERT 1800 2ND STREET SUITE 760 SARASOTA, FL 34236						
12. I hereby of	certify that the information supplied with this on this report or supplemental report is true	s filing does not qualify for the exer	nption state	d in Section 119.07(3)	(i), Florida Statutes. I further certify that the information act as if made under oath; that I am an officer or director		

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I turther 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 eath; that I am an officer or director of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like exprovered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #