## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000003787

FILED Mar 19, 2007 Secretary of State

Entity Name: INSTITUTE FOR HEALTH CARE ADVOCACY, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	ICE DE LEON BL ATER, FL 33756				
Current Mailing Address:			New Mailing Address:		
	ICE DE LEON BL ATER, FL 33756				
El Number	: 59-3198066	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
lame and	d Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:	
	ANIEL ICE DE LEON BI ATER, FL 33756				
	e named entity su e of Florida.	bmits this statement for the	ourpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE:				
	Electronic	Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
itle: lame: ddress: city-St-Zip:	D () D PARRI, RAYMON 1217 PONCE DE CLEARWATER, F	LEON BLVD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
ïtle: lame:	TROMBLEY, MIC 329 COMMERCE	AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Address: City-St-Zip:	SEBRING, FL 33	.070	Oity Ot Zip.		
\ddress:		Delete	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
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I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL C. PARRI VP 03/19/2007