2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9300003787



FILED Jan 13, 2003 8:00 am Secretary of State

1. Entity Nan	E FOR HEALTH CARE ADVO	CACY, INC.			01-13-2003 90413 03	3 ****	51.25	
1217 PONCE DE LEON BLVD. 12		Mailing Address 1217 PONCE DE LEON E CLEARWATER FL 33756	217 PONCE DE LEON BLVD.					
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		000100000		Applied For	
Zip -	Country	Zip	Country	5. Certificate of Sta		8.75 A se Requi		
	6. Name and Address of Current F	legistered Agent	<u> </u>	7. Name and Addr	ess of New Registered Ac			
1217 PON	AYMOND L NCE DE LEON BLVD. NTER FL 33756		Name Street Address	ss (P.O. Box Number is No				
:			City	ч	FL.	Zip Co	de	
	Signature, typed or printed name of registered agent an	9. Election Cal	E: Registered Agent signature requirements mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check I Florida Departm			
10.	OFFICERS AND DIRE	CTORS	11.					
NAME STREET ADDRESS	PD Parri, raymond L 1217 Ponce de Leon Blvd. Clearwater Fl 33756	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS II	N 10 ☐ Addition	
TITLE NAME STREET ADDRESS	DST PARRI, SANDRA T 1217 PONCE DE LEON BLVD CLEARWATER FL'33756	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	
NAME STREET ADDRESS SITY-ST-ZIP	DV TROMBLEY, MICHAEL J 829 COMMERCE AVE SEBRING FL 33870	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		C	Change	☐ Addition	
IAME STREET ADDRESS SITY-ST-ZIP	OV IACKSON, ROBERT A 1800 2ND ST #760 SARASOTA FL 34836	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP SOLUTION	kson Robert	4 Ington Blud Sto 34236	Change	Addition	
AME TREET ADDRESS	OV Moore, Emily Po Box 10966 Allahassee Fl 32302	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	The second secon		Change	Addition	
ITLE IAME TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			Change	Addition	

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 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 yequired by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: