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

DOCUMENT # N9 30 00 00 3787

1. Entity Name

SIGNATURE:

INSTITUTE FOR HEALTH CARE ADVOCACY, INC.



APPHOVEL AND FILED

03 SEP 10 PM 12: 48

SECRETARY OF STATE PALL'AHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Mailing Address 2. Principal Place of Business 10/02/03--01081--027 1217 Ponce de Leon Blvd. 1217 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State FEI Number Clearwater, FL Clearwater, FL 59-3198066 Not Applicable Country \$8.75 Additional 5. Cortificate of Status Desired 33756 USA USA 7. Name and Address of Current Registered Agent Raymond L. Parri DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1217 Ponce de Leon Blvd. Zip Code Clearwater 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. (NOTE: Registered Agent signature required when reinstating) FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be Initial or Amended UBR Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. CR2E037B (12/02 TITLE NAME : 100 NAME MICHAEL J. TROMBLEY STREET ADDRESS STREET ADDRESS 329 Commerce Ave. CITY ST-ZIP City-St-ZIP Sebring, FL 33870 TITLE NAME Raymond L. Parri 1217 Ponce de Leon Blvd. STREET ADDRESS STREET ADDRESS CITY, ST. ZIP CITY-ST-ZiP Clearwater, FL 33756 TITLE NAME NAME STREET ADDRESS STREET ACORESS DO NOT WRITE CITY-ST-ZIR CITY-ST-ZIP TITLE "C" IN THIS SPACE TITLE NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-78P TITLE TITLE NAME -NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CUY-ST-ZIP TITLE NAMÉ NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP 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 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 eath; 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 on an attachment with an address, with all other like empowered.

DEFICER OR DIRECTOR