

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90041 019 \*\*\*\*61.25

DOCUMENT # N03000001618

1. Entity Name  
HHS IB ALLIANCE, INC.



Principal Place of Business  
5000 CENTRAL AVE  
TAMPA, FL 33603

Mailing Address  
5000 CENTRAL AVE  
TAMPA, FL 33603

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162008 Chg-NP CR2E037 (12/06)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, DIANE M  
4714 CRESSON CT.  
TAMPA, FL 33624

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SCHONWETTER, RITA	
STREET ADDRESS	13801 KHILANI CT.	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KRISCHER, JAMIE	
STREET ADDRESS	5001 GARRICK CT.	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KELLY, DIANE M	
STREET ADDRESS	4714 CRESSON CT.	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ARON, FAITH	
STREET ADDRESS	8837 ROYAL ENCLAVE BLVD.	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WEYMEUTH, SUSANA	
STREET ADDRESS	3200 HAÜTHORNE RD. W	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Diane M Kelly* Diane M. Kelly

4/16/08

813 230 4890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #