

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001618

Entity Name: HHS IB ALLIANCE, INC.

FILED  
Feb 26, 2009  
Secretary of State

## Current Principal Place of Business:

5000 CENTRAL AVE  
TAMPA, FL 33603

## New Principal Place of Business:

## Current Mailing Address:

5000 CENTRAL AVE  
TAMPA, FL 33603

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

SMITH, MELICHU A  
5607 TERRAIN DE GOLF DRIVE  
LUTZ, FL 33558 US

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.

SIGNATURE: MELICHU A. SMITH

02/26/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SCHONWETTER, RITA  
Address: 13801 KHILANI CT.  
City-St-Zip: TAMPA, FL 33624

Title: DP ( ) Delete  
Name: KRISCHER, JAMIE  
Address: 5001 GARRICK CT.  
City-St-Zip: TAMPA, FL 33624

Title: DT ( ) Delete  
Name: KELLY, DIANE M  
Address: 4714 CRESSON CT.  
City-St-Zip: TAMPA, FL 33624

Title: DS ( ) Delete  
Name: ARON, FAITH  
Address: 8837 ROYAL ENCLAVE BLVD.  
City-St-Zip: TAMPA, FL 33626

Title: DV ( ) Delete  
Name: BRIGGS, CHRIS  
Address: 19350 N. DALE MABRY  
City-St-Zip: LUTZ, FL 33540

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP (X) Change ( ) Addition  
Name: BOBO, DAWN  
Address: 10903 AUTUMN OAK PLACE  
City-St-Zip: TAMPA, FL 33618

Title: DT (X) Change ( ) Addition  
Name: SMITH, MELICHU A  
Address: 5607 TERRAIN DE GOLF DRIVE  
City-St-Zip: LUTZ, FL 33558

Title: DS (X) Change ( ) Addition  
Name: ARON, FAITH  
Address: 11467 TROTting DOWN DRIVE  
City-St-Zip: TAMPA, FL 33556

Title: DV (X) Change ( ) Addition  
Name: BRIGGS, CHRIS  
Address: 511 SURREY LANE  
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify 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: MELICHU A. SMITH

DT

02/26/2009

Electronic Signature of Signing Officer or Director

Date