

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001618

FILED  
Jan 11, 2010  
Secretary of State

Entity Name: HHS IB ALLIANCE, INC.

**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:**

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

**Name and Address of New Registered Agent:**

SISSON, DEBBIE  
12603 CLENDENNING DRIVE  
TAMPA, FL 33618 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: DEBBIE SISSON

01/11/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: DP  
Name: BOBO, DAWN  
Address: 10903 AUTUMN OAK PLACE  
City-St-Zip: TAMPA, FL 33618

Title: DT  
Name: SISSON, DEBBIE  
Address: 12603 CLENDENNING DR  
City-St-Zip: TAMPA, FL 33618

Title: DS  
Name: ARON, FAITH  
Address: 11467 TROTting DOWN DRIVE  
City-St-Zip: TAMPA, FL 33556

Title: DV  
Name: BRIGGS, CHRIS  
Address: 511 SURREY LANE  
City-St-Zip: LUTZ, FL 33549

I hereby 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 all other like empowered.

SIGNATURE: DEBBIE SISSON/TREASURER

MRS

01/11/2010

Electronic Signature of Signing Officer or Director

Date