

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001618

**FILED**  
**Jan 10, 2011**  
**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:**

SISSON, DEBBIE  
12603 CLENDENNING DRIVE  
TAMPA, FL 33618 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: WOLF, MICHELE  
Address: 1706 CAPE BEND AVE  
City-St-Zip: TAMPA, FL 33613

Title: DP  
Name: RAVITZ, LINDA  
Address: 4514 LACE CASCADE CT  
City-St-Zip: LUTZ, FL 33558

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

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

DT

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date