

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003787 (9)

1. Corporation Name

FLORIDA INSTITUTE FOR MEDICARE ADVOCACY, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/20/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3198066	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

Principal Place of Business		Mailing Address	
1217 PONCE DE LEON BLVD. CLEARWATER FL 34616		1217 PONCE DE LEON BLVD. CLEARWATER FL 34616	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip		
24 Country	25 Country		
29 Zip	30 Country		

9. Name and Address of Current Registered Agent	
PARRI, RAYMOND L 1217 PONCE DE LEON BLVD. CLEARWATER FL 34616	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☒ Addition
NAME	PARRI, RAYMOND L	1.2 NAME	
STREET ADDRESS	1217 PONCE DE LEON BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	1.4 CITY - ST - ZIP	
TITLE	DST	2.1 TITLE	☐ Change ☐ Addition
NAME	PARRI, SANDRA T	2.2 NAME	
STREET ADDRESS	1217 PONCE DE LEON BLVD	2.3 STREET ADDRESS	700001485287
CITY - ST - ZIP	CLEARWATER FL	2.4 CITY - ST - ZIP	-05/12/95--01022--004
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PARRI, DANIEL C	3.2 NAME	
STREET ADDRESS	1217 PONCE DE LEON BLVD	3.3 STREET ADDRESS	*****61.25 *****61.25
CITY - ST - ZIP	CLEARWATER FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (if resigned), or on an attachment with an address.

SIGNATURE: Karl L. Parris 4/11/95 813/586-4224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)