

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003787

1. Entity Name

FLORIDA INSTITUTE FOR MEDICARE ADVOCACY, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90083 006 \*\*\*\*70.00

Principal Place of Business

1217 PONCE DE LEON BLVD.  
 CLEARWATER FL 33756  
 US

Mailing Address

1217 PONCE DE LEON BLVD.  
 CLEARWATER FL 33756-1253

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3198066

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PARRI, RAYMOND L  
 1217 PONCE DE LEON BLVD.  
 CLEARWATER FL 33756

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Func Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

PD  
 PARRI, RAYMOND L  
 1217 PONCE DE LEON BLVD.  
 CLEARWATER FL

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DST  
 PARRI, SANDRA T  
 1217 PONCE DE LEON BLVD  
 CLEARWATER FL

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D  
 PARRI, DANIEL C  
 1217 PONCE DE LEON BLVD  
 CLEARWATER FL

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

DV  
 Michael J. Trombley  
 329 Commerce Ave.  
 Sebring, FL 33870-3607

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Raymond L. Parri*  
 SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond L. Parri, Pres

Date

Daytime Phone #

3/16/00  
 877-518-9662

CR2E037 (9/99)